



# 2018-2019 Child Care Budget Appeal

Name: (First, Middle, Last)

UT EID

Please enter the child care expenses that you will incur for your dependents who are **13 and under**. Only include expenses incurred during your period of enrollment. Please provide proof of cost from your child care provider if you are requesting a cost of attendance adjustment for more than one child.

Child's Full Name	Child's Age	Monthly Amount Paid for Child Care	Number of Months in Child Care

If your children require any special services, please explain:

**What the Law Says:**

- Schools have the right to ask for additional information before awarding financial aid. See the Free Application for Federal Student Aid (FAFSA).
- Schools must review all requested information according to financial aid program rules (34 CFR, Part 668).

By signing this worksheet, you certify that all the information reported is complete and accurate. Your signature indicates you understand that if you purposely give false or misleading information on this worksheet you may be fined, sent to prison, or both.

Signature

Date

Submit your completed and signed appeal form and any supporting documentation to the Office of Financial Aid by fax at (512) 475-6296, in person in suite 3.200 of the Student Services Building (SSB), or by mail.