

You are requesting an adjustment to your cost of attendance. This adjustment is based upon your spouse being unable to work to provide care for your child/children within your custody. **If approved, the standard allowance will be \$700 per month regardless of the number of children in the household.**

You must be able to demonstrate that your family would suffer a financial hardship if your spouse worked and had to pay for childcare. Please provide the information requested below.

SECTION A: STUDENT INFORMATION

Name: Student ID#:

SECTION B: ANTICIPATED ATTENDANCE

Fall 20 Spring 20 Summer 20

SECTION C: DEPENDENT INFORMATION

For childcare expenses for the children listed below, during the term in which I will be enrolled at UT Health Science Center. **The child(ren) must have been included as part of your household in your current FAFSA.**

Child's Full Name	Age	Child's Full Name	Age

Children should be 12 years of age or under unless there is an extenuating circumstance

Explanation of financial hardship if spouse worked outside of the home. Please include estimated cost of childcare if your spouse were to work outside the home.

SECTION D: CERTIFICATION

By signing this budget request, I certify that all the information is complete and correct. I understand that I may be asked to provide additional information during the review of this request. You will be notified via email of the committee's decision.

Student's Signature: Date:

For Financial Aid Office Committee use only:

Approved: Denied: Reviewed by: