

**Baylor College of Medicine**  
*Student Financial Aid*  
**Academic Year Fall \_\_\_\_\_ and Spring \_\_\_\_\_**  
**Child Care Expenses Allowance**

Student Name: \_\_\_\_\_  
 Last First MI

BCM I.D #: \_\_\_\_\_

**Single parents, and married students with children, whose spouse does not earn income,** are eligible to apply for additional funding. The regulations that govern the Federal Financial Aid Programs authorize the Financial Aid Administrator to use Professional Judgment in determining which costs can be funded.

Food and shelter costs for dependent children (must be claimed on tax return), are allowed to be funded in situations where there is no income to meet those costs. You should also contact the Social Service Agencies in your area for assistance.

**\*\*Note: Carefully consider your expenses for the year, as this form will only be reviewed once.**

**SECTION B: Child Care Expenses Allowance`**

Monthly Costs for Household		Office Use Only	Difference	Approved
Rent / Mortgage	\$	\$	\$	\$
Electric				
Gas				
Water				
Health Insurance				
<b>Total:</b>				

Monthly Costs for Child	Child 1 / Age:	Child 2 / Age:	Child 3 / Age:	Child 4 / Age:	Approved
Diapers	\$	\$	\$	\$	
Clothing					
Formula / Food					
Medical (Not covered by insurance)					
<b>Total Monthly Costs</b>	\$	\$	\$	\$	\$

**Office Use Only**

House Hold Costs: \$ \_\_\_\_\_

Child Costs: \$ \_\_\_\_\_

**Total Costs:** \$ \_\_\_\_\_ X \_\_\_\_\_ months: \$ \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_