

Baylor College of Medicine

Student Financial Aid

One Baylor Plaza, N104, Houston, TX 77030

Office: 713-798-4603 Fax: 713-798-9028

Academic Year: Fall ____ and/or Spring ____ Day Care Expense Allowance Form

Student Name: _____
Last First MI

BCM ID: _____

Students who must pay day care costs for their dependent children (child must be claimed on tax return or decree ordered) in order to attend classes/clinics may fund part of those cost with Federal Financial Aid. **Federal Regulation allows for funding of average Day Care costs.** Day Care costs, for the purpose of Financial Aid, do not include development, instruction, or other services available through your Day Care provider. Students requesting Day Care expense funding must complete and submit this form together with the student's original request for financial aid application. Once awarded, we will not re-evaluate your file to include Day Care Expenses. Any changes in rate will not be made within the same academic year.

Verification of Monthly Day Care Costs must be completed by the Day Care Provider

The **monthly** day care charge for each child of the student indicated above is \$_____ (Please attach a copy of agreement).

Day Care services to begin on the month of _____, 20__ to month _____, 20__ (Academic year is July 1 to June 30)

This amount is to cover (#) _____ child/children in our care. **I certify the information listed above is correct.**

Signature of Day Care provider Date

Name of Day Care

Street Address

Printed Name and Title

City, State, and Zip Code

Telephone Number

OFFICE USE ONLY

\$_____ Monthly Amount Submitted

_____ Number of Children

\$_____ Number of Months (6, 11, or 12)

\$_____ Monthly Amount Allowed

\$_____ Academic Year Amount

\$_____ Number of Months (6, 11, or 12)

_____ Graduation Date

\$_____ Maximum Allowable Amount

Counselor Signature: _____ Date: _____