

2007-2008 Child Care Payment Verification

Section A: To be completed by MU student

Name of student attending MU (please print)

Student Number

Name of child receiving services

Child's Birth Date

I give permission to _____

Name of childcare provider

to provide the information requested below to the Student Financial Aid Office regarding my dependent listed. I acknowledge that MU will consider a \$5,000 maximum allowance for the first child, \$2,500 per additional child, and no more than a maximum of \$10,000 per year for out of pocket child care payments.

Student Signature

Date

Section B: To be completed by childcare provider

Weekly child care fee for child named above \$ _____

Amount subsidized by scholarship or state/federal assistance programs \$ _____

Weekly fee amount paid by parent \$ _____

First date enrolled: _____

The University of Missouri reserves the right to require additional documentation. A representative may verify amounts listed.

I certify that all of the above information is accurate to the best of my knowledge as of this date.

Print name of child care provider

Phone Number

Signature of provider

Date

Return this form to Student Financial Aid Office at above address or fax to 573-884-5335.

For MU SFA Use:

Weekly Allowance _____

X 16 weeks (one semester)

X 32 weeks (academic year)

Code 90= _____

Code 91= _____

Attach to PJ/ Budget Revision