Student Financial Aid
University of Missouri-Columbia

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Columbia, MO 65211-1600
PHONE (573) 882-7506
FAX (573) 884-5335
WEBSITE: http://sfa.missouri.edu

Student Name (Last, First)	myZou Student ID Number

2009-2010 Child Care Payment Verification

Section A: To be completed by MU student

_____ _____

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

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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

For MU SFA Use:
Weekly Allowance _____
X 16 weeks (one semester)
X 32 weeks (academic year)

Fall 2009= _____
Spring 2010= _____

Attach to PJ/ Budget Revision

REV 12/08