UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



2023-2024 Budget Adjustment - Child Care

Section A - Stu	udent Information (P	lease pr	int clearly)			
Last Name	First Name		M.I.		Email	
Section B – Chi	ild Care Guidelines					
cost of attendance. internships, and cor	lependents, an allowance This covers care during p mmuting time for the stude lents and will not exceed s	periods tha ent. If appi	it include, but a roved, the amo	re not limited to, unt of the allowa	class time, study time, nce will be based on the	, field work,
	quired: ree months of cancelled signed contract from ch					and the cost.
V	What is your current ma Note: Monthly ex				() Separated/Divorce is married.	ed
Name of Legal Dependent		Age	Monthly Babysitting/Daycare Costs			Number of Months*
reached your loan li care during the 2023 request.	gate loan limits may restric imits, only your eligibility fo 3-2024 academic year (A tement of Certificati	or private l ugust 2023	oans may be af	fected. Number	of months you will be	paying child
1, (turn this form to Student F Clearly print UIN on eve Include all appropriate s	ry page of	f 8 ½ x 11 legib		mitting documentation	:
I certify that the info	rmation provided on this f	form and a	ny attachments	are true and co	rrect.	
Student Signature	:			Date: _		
ENTER YOUR 9	9-DIGIT UIN 🛶					
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