



2024-2025 Request for Cost of Attendance Increase Child/Dependent Care

Student Name (Last, First, MI)	MACC Student ID Number
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Federal regulations allow the Financial Aid Office to increase a student's Cost of Attendance (COA) to allow for child care expenses the student incurs while attending classes, not to enable the student to work or study away from home. This increase may result in additional eligibility for Federal Direct Student Loans. Since eligibility varies from student to student, it is necessary to review each student's request individually. **In addition to completing this form, a Student Loan Data Sheet and corresponding applications must also be completed and submitted.**

All children listed on this form must be reported in the household size on the FAFSA and must be residing with the student. Child care expenses may only be approved for the student actually paying the expenses and may not be double-counted by a two- student family. You may be required to provide additional documentation before eligibility may be determined. MACC reserves the right to reduce or deny this request.

Semester(s) for which this increase is requested	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER
Do you receive assistance with child care costs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list source(s) and amount(s) paid per day:	

Child Care Provider Information: <i>This section MUST be completed by provider</i>			
Name:			
Address:			
Telephone #:		Email:	
Name of Student's Dependents for Whom You Provide Care	Fee Per Day	Number of Days Per Week	Arrival and Departure Time

CERTIFICATION AND AUTHORIZATION	
STUDENT: By signing, I certify that all of the information reported is complete and correct. I understand this request DOES NOT automatically make me eligible for additional loan funding and I cannot exceed the annual federal loan limits set forth by the U.S. Department of Education or my COA. WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.	
Student Signature	Date
CHILD CARE PROVIDER: By signing, I certify that all of the information reported is complete and correct. WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.	
Authorized Signature	Date

STOP: Did you fully complete this form? We will return any incomplete/unsigned forms for correction.

If we have reason to believe the information reported is inaccurate or fraudulent, we may require additional documentation

You may submit this form through the Financial Aid Portal, in-person at the campus nearest you, or to:
Moberly Area Community College, Financial Aid Office, 101 College Avenue, Moberly, MO 65270
Questions? Please call: (660) 263-4100 ext. 11301