



Student Financial Aid

University of Missouri

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MizzouSFA

Student Name (Last, First)	myZou Student ID Number
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2017-2018 Childcare Expenses Worksheet

Section A: To be completed by MU student

Name of Child Receiving Services	
Child's Date of Birth	

I give permission to _____ to provide the information requested below to
Name of childcare provider

the Student Financial Aid Office regarding my dependent listed. **I acknowledge 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

Telephone Number

Signature of provider

Date

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

Fall 2017: \$ _____
Spring 2018: \$ _____

Attach to MU Budget Increase Form