Student Financial Aid
University of Missouri

11 Jesse Hall
Columbia, MO 65211-1600
PHONE (573) 882-7506
FAX (573) 884-5335
EMAIL: mizzousfa@missouri.edu

MizzouSFA

Student Name (Last, First)	myZou Student ID Number

2020-2021 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 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 Telephone Number

_____ Date _____
Signature of provider

For MU SFA Use:
Weekly Allowance $_____
X 16 weeks (one semester)
X 32 weeks (academic year)
X 8 weeks (summer)

Fall 2020: $_____
Spring 2021: $_____
Summer 2021: $_____