



# Student Financial Aid

University of Missouri

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MizzouSFA

Student Name (Last, First)	myZou Student ID Number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>								

## 2021-2022 Childcare Expenses Worksheet

### Section A: To be completed by MU student

<b>Name of Child Receiving Services</b>	
<b>Child's Date of Birth</b>	

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

\_\_\_\_\_  
Signature of provider

\_\_\_\_\_  
Date

For MU SFA Use:
Weekly Allowance \$ _____
X 16 weeks (one semester)
X 32 weeks (academic year)
X 8 weeks (summer)
Fall 2021: \$ _____
Spring 2022: \$ _____
Summer 2022: \$ _____