

The John Marshall Law School
Office of Financial Aid
315 South Plymouth Court
Chicago, Illinois 60604
Phone: 312.427.2737 Fax: 312.360.2662

Spring 2017 Budget Adjustment Request – Child Care

Student Information Section – Completed by student

The purpose of this document is to be used solely for increasing a student's Cost of Attendance (COA). An offer of additional aid is not guaranteed. Each adjustment is reviewed on a case-by-case basis. Adjustments will not exceed DHS maximum allowed rates. **JMLS has a "NO" cash policy for budget adjustments.** We must be able to substantiate your expenses. Purchases should be made using a form of payment that is in your name (i.e. credit or debit card or personal check) Budget Increase Requests will be processed within 2 weeks of the Office of Financial Aid receiving your completed form and documentation; you will receive a revised award letter email notification.

Student Name: _____ JMLS ID: _____
(Please Print)

Student is Employed: Full – time Part – time Student is not currently employed
Student's Employer: _

Spouse/Other Parent Name: _____
Spouse/Other Parent is Employed: Full –time Part – time is not currently employed
Spouse/Other Parent Employer: _____
Spouse/Other Parent is a student: Full –time Part – time is not currently a student

Name of Child: _____ Age/Grade: _____
Name of Child: _____ Age/Grade: _____
Name of Child: _____ Age/Grade: _____

Child care expense: For children listed above, per week: \$ _____

I receive child care assistance from other sources: Yes No Amount of weekly assistance: \$ _____

If you applied for the maximum on your Grad PLUS application, you will not need to complete another Grad Plus application or MPN. The revised award letter will reflect the new loan amount.

If you previously applied for a specific amount of your Grad PLUS application, private loan application or if you used an endorser on the loan, you will need to complete a new Grad PLUS loan application and MPN or private loan application. We will process your request within two weeks of receiving notification of your approved loan. The revised award letter via eCommons will reflect your new Cost of Attendance (BUDGET). You may use the BUDGET amount then subtract the aid on your award letter, including scholarships. This is the additional amount you are eligible to borrow.

Budget Increase Requests require 30 days of proof of payment (within the enrollment period) documentation to be turned in all at once by May 5, 2017. An approved loan must be available for FAO to process no later than May 12, 2017 at 5PM. Deadlines are final!

Student Name: _____ JMLS ID: _____
 (Please Print)

By signing and submitting this form, I acknowledge that I have read and understand it. All questions have been answered carefully and completely.

I certify that, to the best of my knowledge, the information provided on this is true and correct. I understand that any misrepresentation by omission or falsification of information on any part of this form may jeopardize an assistance I may be receiving from The John Marshall Law School. I fully understand that The John Marshall Law School has the right to cancel all financial aid if data irregularities exist. I authorize The John Marshall Law School to obtain information about child care subsidies that I may receive. I understand that I may be required to provide additional documentation. I authorize the Office of Financial Aid at The John Marshall Law School to discuss the information on this form with my child care provider.

 Student Signature Today's Date

To be completed by the Child Care Provider

Child Care provided by:

Name: _____

Address: _____

Phone Number: _____

License # of facility, or provider: _____

(If you are using a non-licensed in-home provider, you must have this form notarized.)

Name and age of student's dependents for whom you provide care	Fee/Per: hour, day, week or month (please circle)	Number of days each month	Total amount paid each month	Beginning and end dates of care

Total amount the student is responsible to pay per week or month (please circle): _____

I certify that the above information is true and correct.

Child care provider's signature: _____ Today's Date: _____

Office use only

Approved: _____ Denied: _____