

CHILDCARE EXPENSE APPEAL

Academic Year 2024–2025

DIRECTIONS— In order to maximize your financial aid eligibility, your appeal should be submitted at least **two weeks prior** to the end of the term in which you are seeking an adjustment. Appeals submitted within two weeks of the end of term will be reviewed, but financial aid funds may be limited or no longer available.

RETURN FORM:
ONLINE VIA: <https://z.umn.edu/SpecialCircumstancesAppeal>

Your childcare expenses during the 2024–2025 academic year may be considered in determining financial aid eligibility. The maximum allowance is \$3,400 per semester for each dependent for the nine-month academic year. The Office of Student Finance (OSF) will only consider costs incurred while attending the University of Minnesota, Twin Cities, **during the current academic year.**

BY MAIL TO:
Office of Student Finance
 160 Williamson Hall
 231 Pillsbury Dr. SE
 Minneapolis, MN 55455-0252

IN PERSON ON CAMPUS TO:
 333 Robert H. Bruininks Hall

If approved, loans are the only aid that may be increased, provided you have remaining annual loan eligibility.

Questions?
 Phone: 612-624-1111
 TTY (hearing impaired): 612-626-0701
 Email: onestop@umn.edu

You MUST provide the following required documentation:

1. A written explanation of your situation, including whether the cost is paid in part by another person or agency
2. A statement, contract, or letter from a childcare provider that includes:
 - the name, address, phone number, and signature of care provider
 - the name(s) of dependent(s) in the provider’s care
 - the expected period of care for each dependent, including start and end dates **during the 2024-2025 academic year**
 - the number of hours AND the cost per week for each individual in dependent care
3. Canceled checks or receipts as proof of payment for dependent care

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART A. Student information				
Legal name (required, last, first, middle initial)	Preferred name (optional)	University ID		
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)			Phone number (include area code)	
List the name and U of MN student ID of any other household member attending the University of Minnesota Twin Cities or Rochester. Dependent care expenses can only be added to one family member’s record. Attach an additional sheet of paper, if necessary.				
Student name	University ID			
PART B. Dependent care information				
Do you pay for childcare expenses? <input type="checkbox"/> yes <input type="checkbox"/> no				
If yes, list the name(s) of the dependent(s) who will be in the care of a paid provider. Attach an additional sheet if necessary				
Name of dependent	Age	Relationship	Name(s) of care providers	2024-2025 childcare expenses
PART C. Certification				
You must sign this form to certify that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.				
Student signature			Date	
Spouse/parent signature			Date	



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