



Charles E. Schmidt College of Medicine
Office of Medical Student Financial Aid
777 Glades Road, Bldg. 71
Boca Raton, FL 33431
tel: 561.297.4964
med.fau.edu

2021-2022 Child or Dependent Care Revision Request

Name: _____

FAU Z#: _____

Address: _____

Telephone #: _____

City, State, Zip: _____

FAU Email: _____@health.fau.edu

IMPORTANT: This form must be completed and submitted to Financial Aid with all required documents attached.

Instructions: Select which of the following options best describes your situation.

I am requesting an amendment to my budget due to childcare expenses for the 2021-2022 academic year

OR

I am requesting an amendment to my budget due to dependent care expenses for the 2021-2022 academic year.

Required Documentation:

- Notarized statement that includes name/relationship of the student to the individual requiring dependent care, number of hours per week care required (for travel/class/study related time; not work hours) as well as the name and if relevant, location of caregiver.
Statement from caregiver confirming individual in their care and the hourly/weekly charges.
Copy of receipts/checks or contract for said care.

Attach required documentation and sign and submit this form to the Office of Medical Student Financial Aid.

By signing below, I certify that the information reported above is complete and correct:

Student Signature: _____

Date: _____

FINANCIAL AID SECTION

Budget Adjustment Completed: _____ Yes _____ No _____ Documentation Provided

Additional Comments: _____

Counselor Signature: _____

Date: _____