



Southern Illinois University Carbondale  
900 South Normal Avenue  
Financial Aid Office, Woody Hall, B-Wing  
Carbondale, IL 62901-4702  
www.siu.edu/~fao

**REQUEST FOR BUDGET INCREASE  
FOR DEPENDENT CARE EXPENSES  
2008-09**

Student Name \_\_\_\_\_

Student Identification Number \_\_\_\_\_

**IMPORTANT INFORMATION**  
**FOR STUDENTS REQUESTING AN ALLOWANCE**  
**FOR DEPENDENT CARE EXPENSES**

Federal regulations permit the Financial Aid Office to increase a student's educational budget by creating an allowance for costs expected to be incurred for dependent care. The amount of the allowance is to be based on the number and age of such dependents and should not exceed reasonable cost in the community for the kind of care provided.

In order to be eligible for the allowance, it is important for students to understand the following terms and conditions:

1. The allowance for dependent care expenses is to enable the student to attend classes.
2. The dependent for whom the allowance is requested must be included in the student's household size as reported on the financial aid application and must be residing with the student. To be reported on the financial aid application, a dependent must receive over fifty percent of their support from the student.
3. The dependent care allowance may only be approved for the student actually paying the expense. Both parents of a two-student household may NOT use the same allowance.
4. The student will be asked to provide information about the age and birth date of the dependent. This will be used to determine the amount of the dependent care allowance.
  - a. \$1000 per semester for dependents from infant to age 2.
  - b. \$800 per semester for dependents from age 2 years old to 5 years old (pre-school).
  - c. \$150 per semester for after school care for dependents to age 12 years old.
5. If approved, the dependent care allowance will be met with student loans that must be repaid. Because annual or semester loan limits restrict eligibility for loans, students who have borrowed to their annual or semester limit will not be eligible for the allowance. Grant assistance is not available for the dependent care allowance.
6. If approved, the additional loan amount will be credited to your Bursar's Statement of Account and pay any charges due. The Bursar's Office will process any credit balance on your account and a check will be sent to your local address or directly deposited into your banking account. The refund check could be less than the amount of your allowance if a portion of the loan is used to pay charges on your account.

Before the Financial Aid Office can determine the dependent care allowance, the student must provide the following information: (Be sure to complete all sections.)

| <u>NAME OF DEPENDENT(S)</u> |                  | <u>AGE</u> | <u>DATE OF BIRTH</u> |
|-----------------------------|------------------|------------|----------------------|
| <u>First Name</u>           | <u>Last Name</u> |            |                      |
| _____                       | _____            | _____      | _____                |
| _____                       | _____            | _____      | _____                |
| _____                       | _____            | _____      | _____                |

I want to apply for this allowance for: (Check all that apply)

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

If the dependent is from a two-student household provide the name and student identification number of the other parent/student:

Name \_\_\_\_\_ Student Identification Number \_\_\_\_\_

**WARNING: If this form is to be used in the process of establishing eligibility for federal student aid funds, you should know that intentionally false statements or misrepresentation may subject the filer to a fine or imprisonment, or both, under the provisions of the United States Criminal Code.**

*I certify that all of the information on this form is complete and correct. I understand that both parents cannot request a dependent care allowance for the same dependent(s).*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Processing of this Dependent Care Allowance Application may take up to three weeks. Incomplete or unsigned forms will be returned, unprocessed.**