

2025-2026 Increase to Budget: Child Care Expenses

Student Name: _____

Student ID: _____

Students may request an increase to their standard budget (also called Cost of Attendance) to assist with childcare expenses incurred during periods of attendance at CU Denver | Anschutz. Childcare expenses may include the cost of before and after school programs. If you have a child over 12 years of age, include documentation regarding the condition of the child or the extenuating circumstance requiring daycare. Increases will be considered based on the documentation provided to support the request, but will not exceed the reasonable allowed amount as established by Colorado Department of Higher Education.

To be considered for this budget increase, we must receive this form and all required documentation no later than 30 days before the last day of enrollment for the current semester or academic year.

This increase will only be funded with remaining loan eligibility. If you have borrowed the annual Direct Subsidized and/or Unsubsidized Loan limits, other options for obtaining funding include a Direct PLUS Loan (if eligible) or an alternative student loan through a private lender. Both of these loans require a credit check.

Do you have a spouse/partner? Yes ☐ No ☐

- If yes, list the name of your spouse/partner: _____
 - Will your spouse/partner also be enrolled at a post-secondary school? ☐ Yes ☐ No
 - If “yes”, what school will your spouse/partner attend? _____
 - Please attach a copy of your spouse’s/partner’s Cost of Attendance and Award Offer (financial aid notification of awards).

List the names and ages of dependent children living with you, the monthly childcare costs, and provider information requested below. Your cost for childcare does not include any amount paid by Social Services or another agency. Complete a separate form if more than five children receive childcare. **Include a copy of the daycare contract or letter from the daycare provider.**

Child's Name	Age of Child	Monthly Childcare Cost	Print Name and Phone Number of Childcare Facility/Provider	If the provider is a private individual, please include relationship to yourself.
		\$		
		\$		
		\$		
		\$		
		\$		

By signing this form, I certify the information reported is complete and accurate. I understand if I purposely give false or misleading information on this form, I may be fined, sent to prison, or both.

Student Signature (required)

Date

Upload completed forms to www.ucdenver.edu/fadocs

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Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | Financial.Aid@cuanschutz.edu