



BOISE STATE UNIVERSITY

STUDENT AFFAIRS

Financial Aid and Scholarships

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2016-2017

BUDGET INCREASE - DEPENDENT CARE

STUDENT NAME: ID#: PHONE #:

No award adjustments will be made at the beginning of each semester: Aug. 9 - Sept. 3, 2016 or Jan. 2 - 24, 2017

Deadlines for submitting this form:

Nov. 1, 2016 - if fall 2016 is your last semester at Boise State; April 1, 2017 - if you will attend spring 2017 at Boise State; Summer only students - whichever date is earlier: 3 weeks before the end of your last session, or July 15, 2017

Instructions for submitting request:

- Complete student section and sign.
Have dependent care provider complete section 2 and sign.
Attach documentation of charges, payments, and/or agency assistance (i.e. bills, receipts, ICCP summary statements, etc.).
If you are interested in obtaining help from ICCP, please call the Idaho Care-Line 2-1-1 or 1-800-926-2588.

STUDENT SECTION

Which semester(s)? Both Fall and Spring Fall 2016 only Spring 2017 only Summer 2017 only

If approved, what type of additional aid are you seeking? Please indicate your intent:

Direct Loan increase PLUS loan Alternative Loan Work-study

Is your child's other parent also a student? No Yes

If yes, where is co-parent enrolled? Boise State Other (specify):

Co-parent's name: and SSN/ID:

I certify the accuracy of the above information and authorize my dependent care provider to release the information requested.

Student Signature: Date:

DEPENDENT CARE PROVIDER SECTION (Use a separate form for each provider.)

Table with columns: NAME OF DEPENDENT, AGE, CHARGES (Weekly/Monthly), SOURCE OF PAYMENT (Student, ICCP, Other). Amount paid by: Student, ICCP, Other.

I certify the above information is correct.

Signature of dependent care provider

Print name

Date

Name of dependent care facility: Phone number: