

Student Name (printed) _____ Ball State ID # _____



Office of Financial Aid and Scholarships (OFAS)
Ball State University, Lucina Hall, Room 245
Muncie, Indiana 47306-0880
<http://www.bsu.edu/finaid>

Telephone # 765-285-5600
Toll free # 800-227-4017
FAX 765-285-4247
E-mail finaid@bsu.edu

Child or Elder Care 2017-2018

If you will have child or elder care expenses during the academic year while you are involved in educational activities like attending class, studying or commuting, provide the monthly amount paid and other information requested below. Only report the amounts that are out-of-pocket after any portion paid by an outside agency. Attach documentation which supports the amounts reported. The child must have been reported as a member in your household on your FAFSA, or enclose a letter explaining your circumstances. Do not report child support paid out.

The increase in your cost of attendance for child/elder care can only be funded through federal or private loans. If using federal loans you must have remaining loan eligibility. No additional grant funds will be awarded based on this form.

Once the cost of attendance increase has been completed, you will need to complete an additional loan request form at www.bsu.edu/finaid/forms or a paper loan application available at our front desk. If requesting a Grad PLUS loan, please apply at www.studentloans.gov. Private loans will require you to contact your lender.

Name _____ Age _____

Relationship to student _____ Monthly Amount \$ _____

Name _____ Age _____

Relationship to student _____ Monthly Amount \$ _____

Name _____ Age _____

Relationship to student _____ Monthly Amount \$ _____

CERTIFICATION STATEMENT: You must read and sign this statement. I certify that all of the information provided on this letter and on the attached documentation is accurate and complete. If I purposely give false or misleading information, I may be fined \$20,000, sent to prison, or both.

Student Signature _____ Date _____