

CHILD \_\_\_\_\_

OFFICE OF SCHOLARSHIPS & FINANCIAL AID

## 2025-2026 BUDGET ADJUSTMENT – CHILD CARE FORM

Documents **MAY ONLY** be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload". **EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.**

FSU Office of Scholarships & Financial Aid  
1201 S. State Street, CSS 101, Big Rapids, MI 49307  
Phone: 231 591-2110 Fax: 231 591-2950  
Email: [finaid@ferris.edu](mailto:finaid@ferris.edu)

Kendall College of Art & Design  
17 Fountain Street NW, Grand Rapids, MI 49503  
Phone: 616 451-2787 Fax: 616 831-9689  
Email: [kcadfinaid@ferris.edu](mailto:kcadfinaid@ferris.edu)

### SECTION 1: STUDENT IDENTIFICATION

Student First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID # \_\_\_\_\_

### SECTION 2: SUPPLEMENTAL FAMILY INFORMATION

- 1.) Please indicate the period you are requesting an adjustment due to childcare. AY 25-26 \_\_\_ Fall \_\_\_ Spr \_\_\_ Sum \_\_\_
- 2.) Are you are employed: \_\_\_\_\_
- 3.) If yes, please list your employer and whether you work FT or PT. \_\_\_\_\_
- 4.) Does your child have a co-parent? \_\_\_\_\_
- 5.) If yes, please list the co-parent's employer and whether they work FT or PT. \_\_\_\_\_
- 6.) If co-parent is a Ferris student, please enter their Ferris student ID number: \_\_\_\_\_

### SECTION 3: CHILDREN

Please list the name and age of each child receiving care:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

### SECTION 4: CHILD CARE EXPENSE AND AUTHORIZATION

- PLEASE LIST THE TOTAL YOU PAY IN CHILD CARE **PER MONTH**: \$ \_\_\_\_\_
- IF YOU RECEIVE CHILDCARE ASSISTANCE FROM OTHER SOURCES, PLEASE LIST AMOUNT RECEIVED **PER MONTH**: \$ \_\_\_\_\_

I authorize the Financial Aid Office to discuss the information on this form with my childcare provider. If request is approved, I request federal subsidized and/or unsubsidized loans up to my annual loan limit. Student must sign this form in ink. **Electronic or typed signatures are NOT acceptable.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION 4: CHILD CARE PROVIDER - THIS SECTION TO BE COMPLETED BY CHILDCARE PROVIDER

Childcare is provided by:

Name of Provider \_\_\_\_\_ Phone Number (include area code) \_\_\_\_\_

Address \_\_\_\_\_

I hereby certify that I provide childcare for the above-named student and children listed. I also certify that the cost of said childcare is accurate as stated above.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_