



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**

**Childcare Costs Budget Increase Form 2025-2026**

Please return this completed form to:  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

**Important Notes:**

- If you will incur child care costs, your care provider must complete and sign this statement, indicating the amount you pay or will pay per child. \*\*\*If your child care provider is unlicensed his/her signature must be notarized.
- Students whose budgets have been adjusted for child care expenses cannot exceed the annual limits for all federal financial aid.
- If the student has no remaining eligibility for federal financial aid, the student may have to seek a private loan or other outside funding in order to cover the additional expenses.
- Students may submit one adjustment for child care during an academic year. Incomplete requests will not be processed.
- Requests for increases in the cost of attendance for child care expenses should be made as soon as registration for the Fall quarter is accomplished prior to the students first quarter of attendance at Louisiana Tech University.
- If both parents are enrolled during the year, only one Budget Increase may be granted per household.

STUDENT'S Last Name                      First Name                      MI                      STUDENT'S CWID or SSN

Childcare Costs Applicable for:      Fall                      Winter                      Spring                      Summer

**Student Signature:**

**Date:**

**Directions:** Please have your Childcare Provider complete the information below for your children for which the daycare is providing services for the 2024-2025 Academic Year.

Childcare Provider Name

Phone Number:

Mailing Address

City

State

Zip Code

**Choose One**

Licensed Childcare Facility

Childcare Facility  
License Number

Unlicensed Childcare Facility\*\*\*

Number of Children (0-5 years of age)                      Amount Paid \$                      per /

Number of Children (6-12 years of age)                      Amount Paid \$                      per /

Number of Children (13+ years of age)                      Amount Paid \$                      per /

**Childcare Provider Signature:**

**Date:**

**Directions:** Please have a Notary complete the information below if the Childcare provider is UNLICENSED.\*\*\*

Sworn to and subscribed before me, Notary, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My commission expires on \_\_\_\_\_.

Notary Public in and for \_\_\_\_\_ Parish/County, \_\_\_\_\_ state.

Notary Signature: \_\_\_\_\_

Notary Seal