



SUPPLEMENTAL DATA CERTIFICATIONS

Award Year: ____ / ____

Student's Name: _____ P0000 _____

CHILD CARE ALLOWANCE: _____

My spouse _____ is a student attending _____ and will be enrolled at least half-time for the above referenced academic year. I am not included in his/her budget for financial aid purposes. I would like to include child care for our _____ children (less than age 6) in my financial aid budget.

DEPENDENT CARE ALLOWANCE: _____

I would like to include _____ dependents (other than children/spouse) in my financial aid budget for the above referenced academic year. This/These dependents lived with me and received more than half of their support from me, now and through June 30.

CERTIFICATION

I declare under penalty of perjury that the foregoing is true and correct. I further agree to notify the Office of Enrollment Services of any change in facts, as such changes occur.

Student's Signature: _____

Date: _____

Please forward to: Enrollment Services
University of Texas Medical Branch
Lee Hage Jamail Student Center, 2.110
Galveston, TX 77555-1305

or fax to: (409) 772-4466
or e-mail to: Enrollment.Services@utmb.edu

Approved By: _____ Date: _____