TUNIVERSITY Financial Aid

PHONE: 410-704-4236 • LIVE CHAT: towson.edu/aidcontacts • EMAIL: finaid@towson.edu • FAX: 410.704.2584

Because day care and private school expenses (Kindergarten through 12th grade) may reduce a family's ability to pay for college expenses, we can reevaluate your financial need based on these expenses. If these adjustments increase your financial need enough, we may be able to offer you additional grants or loans, but we cannot guarantee that these adjustments will lead to any additional aid funds.

The following factors will limit our ability to offer additional aid:

- Many aid programs have limited funding
- Many aid programs have federal annual limits per student

Dependent Towson University Students (Students who were required to list parent data on the FAFSA)

- We can usually make adjustments for expenses that your parents incurred for your younger brothers or sisters.
- You must report the expenses that were incurred during 2022, and those expenses must be recurring for 2023.
- The children who incurred the expenses must be listed as dependents on your parent's tax returns.
- The parent(s) who paid and will pay the expenses must be the same parent(s) who are listed on your FAFSA.

Independent Towson University Students (Students who were NOT required to list parent data on the FAFSA)

- We can usually make adjustments for expenses incurred for your dependent children
- Adjustments for these expenses will definitely <u>not</u> allow us to offer you any additional grant funds. The best possible outcome is that the adjustments may allow us to increase your loan funds.
- You must report the expenses that were incurred during 2022, and those expenses must be recurring for 2023.
- The children who incurred the expenses must be listed as dependents on your tax returns.
- The expenses must be paid by yourself or your current spouse. (If you are married, but separated, we cannot count expenses paid by your spouse.)

Instructions:

- 1) Complete the **Private Elementary or Secondary School Tuition Expenses Form**
- 2) and/or Complete the **Day Care Expenses Form**
- 3) Return the completed forms to the Towson University Financial Aid Office

Submission Methods (Choose one.) - Please include student's name and TU ID Number.

Document Upload	Fax	Mail	In Person
Scan documents and upload to <u>www.towson.edu/SubmitAidDocs</u> . Please combine multiple pages into a single PDF file.	410-704-2584	Towson University Financial Aid Office 8000 York Road Towson, MD 21252	Room 339 Enrollment Services Center Monday - Friday 8:00 - 4:30

Please allow us 2 to 3 days to remove document requests from your To-Dos.



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To be Completed by the Towson University Student (Please PRINT clearly):

TU Student Name (Last, First):		TU I.D. #:	
E-mail Address: Phone Nu		mber:	
The information below is true and accurate to the best of my knowledge.			
TU Student Signature:		Date:	

To be completed by authorized official of the private elementary or secondary school:

Name & Address of School:			

Private School Student Data

1)	Name of student (last, first, middle initial)				
	Date of birth:				
	Will this student enro	oll for the 2023-2024 school year? Yes 🗖 No 🗖			
2)	Name of student (last	, first, middle initial)			
	Date of birth:				
	Will this student enro	oll for the 2023-2024 school year? Yes 🗖 No 🗖			
Tot	al tuition paid for the s	tudent(s) named above in calendar year 2022 (do not include any unpaid outstanding balance):			
3)	\$	Amount paid by parent Name of Parent Payer:			
	\$ Amount paid by scholarship, grant, or tuition waiver				
	\$ Amount paid by third party				
Certification : I certify that the information above is true and correct according to school records.					
Signature of school official: Date:					
Printed name of school official: Affix School Seal Here Telephone number of school official:					



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To be Completed by the Student (Please PRINT clearly)

Student Name (Last, First):		TU I.D. #:	
E-mail Address:	Phone Number:		
The information below is true and accurate to the best of my knowledge.			
Student Signature:		Date:	

To be completed by a licensed day care provider or official of licensed day care center

Nar	Name of provider or day care center:					
Lice	License Number:					
Address of provider or day care center:						
-						
Chi	ld or Children in Day	Care				
1)	Name of child in day	care (last, first, middle	initial):			
	Child's Date of birth:		Will you provide day care for this child in 2023?	Yes 🗖	No 🗖	
2)	Name of child in day	Name of child in day care (last, first, middle initial):				
	Child's Date of birth:		Will you provide day care for this child in 2023?	Yes 🗖	No 🗖	
Tot	al day care expenses p	aid for the children abo	we in calendar year 2022. (Do not include any unpaid o	outstanding	balance):	
3)	\$	Amount paid by pare	rent Name of Parent Payer:			
	\$	Amount paid by Purchase of Care (POC)				
	\$	Amount paid by Maryland Department of Rehabilitation Services (DORS)				
	\$	Amount paid by third party				
Cer	tification: I certify tha	t the information stated	l above is accurate according to provider or day care	center reco	ords.	
Sig	Signature of provider or authorized official: Date:					
Prir	Printed name of provider or authorized official:					
Tele	Telephone number of provider or authorized official:					