TOWSON UNIVERSITY | Financial Aid

2026-2027 Day Care Expenses or Elementary/Secondary Tuition

Phone: 410-704-4236 • **Web Site**: www.towson.edu/finaid • **Email**: finaid@towson.edu • **Upload Aid Documents**: www.towson.edu/SubmitAidDocs

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 adjust for expenses that your parents incurred for your younger brothers or sisters.
- You must report the expenses that were incurred during 2025, and those expenses must be recurring for 2026.
- 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 not 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 2025, and those expenses must be recurring for 2026.
- 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**
   and/or Complete the **Day Care Expenses Form**
2) Submit the completed forms to the TU 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 www.towson.edu/SubmitAidDocs. 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 4 to 5 days to remove document requests from your To-Dos.

Revised: 3/23/2026

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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 Number:
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 enroll for the 2026-2027 school year? Yes ❒ No ❒		
2)	Name of student (last, first, middle initial)		
	Date of birth:		
	Will this student enroll for the 2026-2027 school year? Yes ❒ No ❒		
Total tuition paid for the student(s) named above in calendar year 2025 (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:

Telephone number of school official:

Affix School Seal Here

Revised: 3/23/26 Office Code: 2026-27 TUIT

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2026-2027
Day Care Expenses Form

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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

Name of provider or day care center:			
License Number:			
Address of provider or day care center:			
Child 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 2026? Yes ❒ No ❒	
2)	Name of child in day care (last, first, middle initial):		
	Child's Date of birth:	Will you provide day care for this child in 2026? Yes ❒ No ❒	
Total day care expenses paid for the children above in calendar year 2025. (Do **not** include any unpaid outstanding balance):			
3)	$	Amount paid by parent	**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	
Certification: I certify that the information stated above is accurate according to provider or day care center records.			
Signature of provider or authorized official: Date**:**			
Printed name of provider or authorized official:			
Telephone number of provider or authorized official:			