

Child Care Grant Application

Name _____ ID# _____

Term: Fall Spring Summer

Current Enrollment Status:

Full Time Half Time _____ # of registered credit hours

Program/Curriculum: _____

Total number in Household _____ (please list children below)

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Is your child currently enrolled in one of the following?

- | | |
|----------------------------------|---------------------|
| Licensed Childcare Facility | Individual Home |
| Church-Operated Childcare Center | Group Care Facility |
| Family Daycare (Home) | Other _____ |

Have you applied for Financial Aid? Yes No

Do you receive Financial Aid? Yes No

Are your childcare services currently paid by another agency? Yes No

Child Care Agency Information

Name of Childcare Center _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cost per Week/Month _____

Director of Childcare Center _____

Directors Email _____

Federal ID Number _____

Please Read Before Signing

1. At the time of this application, I am not receiving childcare funding from any other source.
2. I understand that it is my responsibility to notify the childcare representative of any changes in my curriculum, finances, or any other student information.
3. I understand that I have to reapply for the childcare grant each semester.
4. The FAFSA must be submitted and all documentation received by the financial aid office if needed.
5. I must be full time in my program of study.
6. I must maintain satisfactory academic progress.
7. I understand that if any of the foregoing is not complied with or any information is found to be false, all services could be terminated immediately.
8. I understand that this grant is a first come first serve grant, and that funds may be limited.

By signing below, I certify all information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____