Child Care Grant Application

The intent of the Child Care Grant is to assist student-parents with the financial responsibilities for child care expenses so they may stay enrolled and complete their educational goals. All JSCC student-parents who wish to be considered for the grant should complete this application and return it to the JSCC Financial Aid Office.

NOTE: Completing this application does not guarantee that funds will be awarded. You will receive an award letter with following instructions if your application is approved. The awarding period could begin after the semester has started, depending on the distribution of funds by the state.

GENERAL ELIGIBILITY REQUIREMENTS

- Must have the corresponding FAFSA application complete.
- Enrolled as a curriculum student.
- Must be in seated classes.
- Have a minimum of a 2.0 GPA.

- Be in good academic standing.
- Enrolled for more than half-time.
- Must be the legal parent or guardian of the child.
- The childcare facility must be licensed.

Have you completed the corresponding FAFSA application?

YES   NO (*STOP* – *complete the FAFSA before turning in the application*)

Student Information

Student's Name:_____ Student's ID Number:_____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (_____) _____

Email Address: _____

Current Enrollment Status: Full-Time   Half-Time   _____ # of registered credit hours

Program/Curriculum: _____

Child(ren)'s Information

List *up to two (2) children* needing childcare services. You **must** be the legal parent or guardian of the child. Funds may be used for approved childcare for children ages 0 to 5, and before/after school care for ages 5 to 12. Please note a copy of the child's birth certificate will need to be provided with the application.

Full Name	Age

Licensed Childcare Provider Information

To be eligible for this program, your child must be placed at a licensed childcare facility/provider. Along with this application you must provide a copy of your childcare contract and/or two (2) invoices.

Name of Childcare Facility: _____

Federal ID Number: _____ Director of Facility: _____

Physical Address: _____

Mailing Address (if different from physical): _____

Phone #: (_____) _____ Email: _____ Childcare Cost: _____

Have you been approved for childcare assistance through another agency?   NO   YES

If yes, which agency? _____ How much per month? _____

If yes, what is the parent fee? *(The amount per month per child that the parent pays.)* _____

Certification and Signature

I certify that I have read and understand all information included on this form. All information reported on this application is true and correct. I understand that this information is being provided for the receipt of funds and that JSCC financial aid officials may verify the information on this application. I understand that by completing this application, it does not guarantee my approval for the grant. If found that I deliberately misrepresented information on this application, it may be subject to my termination from the childcare program. I understand I must reapply each semester to be considered for this grant and will update Childcare representatives of any changes that may impact this grant. By signing below, I certify that I agree to the statement above.

Student's Full Name: _____

Student's Signature: _____ Date: _____

Note: Please be sure to attach the required documentation (Copy of: Birth certificate, childcare contract, invoices.)

FOR INTERNAL USE ONLY	
APPROVED	**DENIED**

Program of Study: _____ GPA: _____

Enrollment Status: _____ SAP: _____

Reason for Denial:

_____

_____

_____