



# Child Care Assistance Application 2019-2020 Academic Year

Student's Name (please print): \_\_\_\_\_ Student ID: \_\_\_\_\_

The North Carolina General Assembly allocates funds to assist student-parents enrolled in state community colleges with their childcare needs. SPCC is provided a limited amount of funds to assist qualified students. All curriculum student-parents may be eligible and are encouraged to apply. Please apply before the first day of the Fall and/or Spring semester.

|                                  |  |
|----------------------------------|--|
| <b>Students Must:</b>            | <input type="checkbox"/> complete the FAFSA for the 2019-2020 year<br><input type="checkbox"/> submit all documents required by the SPCC Financial Aid Office<br><input type="checkbox"/> <b>not</b> have a bachelor's degree or be in default on any student loans<br><input type="checkbox"/> be enrolled in at least 6 ongoing, in-class credit hours<br><input type="checkbox"/> attend courses during the hours in which they are requesting childcare assistance<br><input type="checkbox"/> maintain satisfactory academic progress (SAP GPA of 2.0 or higher and 67% completion rate or higher)<br><input type="checkbox"/> be a North Carolina resident |
| <b>Child Must:</b>               | <input type="checkbox"/> be 6 years of age or younger and not enrolled in school<br><input type="checkbox"/> have a birth certificate submitted  |
| <b>Childcare Providers Must:</b> | <input type="checkbox"/> have a valid tax ID number  |

| Student's Information    |       |
|--------------------------|-------|
| Address                  |       |
| Phone Number             | Email |
| Current Program of Study |       |

| Child(ren)'s Information <i>(Only include children 6 years and younger)</i> |               |  |  |
|---|---------------|--|--|
| Name  | Date of Birth | Birth Certificate Attached?                              | Currently Enrolled in Childcare?                         |
|   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

|  |   |
|--|---|
| Are you receiving any other Child Care Assistance from other resources? (DSS, Parental Support, etc) | <input type="checkbox"/> <b>YES, please specify</b> _____<br><input type="checkbox"/> <b>NO</b> |
|--|---|

| Childcare Facility's Information |                |
|----------------------------------|----------------|
| Facility Name                    | License Number |
| Director's Name                  | Phone Number   |
| Address                          |                |

I have read and fully understand the information in the Child Care Guidelines and Application and certify that the above information is true. The required documents, which prove my financial need, have been provided, and I hereby grant my permission to have my records from other agencies verified. I understand that deliberate misrepresentation of the information may be subject to my termination from the Child Care Assistance program. Failure to comply with the rules and regulations set forth by the Child Care Assistance Program are grounds for automatic termination from the program. I agree to notify the Child Care Coordinator of any change in my financial status and to inform them of any changes to my classroom schedule.

Student's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

|  |                                |
|--|--------------------------------|
| For Financial Aid Office Use Only<br>Comments: | Reviewed by: _____ Date: _____ |
|--|--------------------------------|