



Child Care Grant Application 2025-2026 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 students who have dependents may be eligible and are encouraged to apply. Please apply before the first day of the Fall and/or Spring semester.

Students Must:	<input type="checkbox"/> Complete the FAFSA for the 2025-2026 year <input type="checkbox"/> Submit all documents required by the SPCC Financial Aid Office <input type="checkbox"/> Must not have a bachelor's degree or be in default on any student loans <input type="checkbox"/> Be enrolled in at least 6 on-going credit hours with one in-person/hyflex class <input type="checkbox"/> Attend courses during the hours in which they are requesting childcare assistance <input type="checkbox"/> Maintain satisfactory academic progress (SAP GPA of 2.0 or higher and 67% completion rate or higher) <input type="checkbox"/> Be a North Carolina resident
Child Must:	<input type="checkbox"/> Have a birth certificate submitted
Childcare Providers Must:	<input type="checkbox"/> Have a valid tax ID number

Student Information	
Address: _____	
Phone Number: _____	Email: _____
Current Program of Study: _____	
Semester you're applying for (note: Each semester requires a separate application): <input type="checkbox"/> Fall 2025 or <input type="checkbox"/> Spring 2026	

Child(ren) Information (Only include children 6 years and younger)			
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"/> YES, please specify _____ <input type="checkbox"/> NO
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Childcare Facility Information	
Facility Name: _____	License Number: _____
Director 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. Failure to do so may result in my application being terminated.

I understand that payments can only be remitted directly to the approved Facility or Care Provider and that the student/parent cannot be reimbursed via the Child Care Grant program. Payments are remitted once a month, and only after services have already been rendered, resulting in delayed payment. Failure to submit all required documents each month by the prescribed deadlines can cause a further delay in payments remitted to my provider.

Student's Signature (required) _____ Date _____

<i>For Financial Aid Office Use Only</i> Comments: _____	Reviewed by: _____ Date: _____
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