

EFC: _____

DATE: _____

2020-2021
Rowan-Cabarrus Community College
Childcare Assistance Application

Student's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Student ID #: _____ County: _____

Home Telephone #: _____ Cell #: _____

ALL CHILDREN NEEDING CHILD CARE SERVICES
(You must have custody of the child listed below)

Full Name	Age	Birthdate
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MARITAL STATUS

Married Unmarried (Single, Divorced, Widowed, Separated)

ENROLLMENT STATUS

Accepted Major: _____ Credit Hours: _____

Semesters Enrolled: FALL 2020 SPRING 2021 SUMMER 2021

(Childcare Assistance is NOT available during the break between fall and spring semesters)

Day classes: _____ Evening classes: _____

North _____ South _____ CBTC _____ NCRC _____ College Station _____

Student Status: New Student Continuing Student

Have you completed a **2020-2021** Free Application for Federal Student Aid (FAFSA)?

YES NO **(REQUIRED for Childcare Assistance)**

