EFC:_____   Date: _____

2022-2023
Child Care Assistance Application

Applicants will be selected on a first come, first serve basis, and need. You will be notified of your approval or denial. All applications are held and reviewed throughout the semester/academic year in case of an opening in the Child Care program.
Note: The Child Care Assistance Program is awarded upon available funding each year.

Have you completed a 2022-2023 Free application for Federal Student Aid (FAFSA)?
☐ YES ☐ NO **(*Required for Child Care Assistance*)**

Student's Information
Name:
Student ID # **Email:**
Address:
County: **Phone Number:**
Marital Status: ☐ **Married**   ☐ **Unmarried (Single, divorced, widowed, separated)**

Child(ren)'s Information	*You must have custody of the child listed below*	
Full Name	**Age**	**Date of Birth**

Are you receiving any other childcare assistance from other resources? (DSS, parental support, etc.)

☐ YES   ☐ NO   If yes, what source?_____

Registered/Licensed Child Care Provider Information
Director of Facility:
Address of Facility:
Phone #: **Email:**
Cost (specific weekly amount): $

Enrollment Status	*Childcare is NOT available during the break between Fall and Spring semesters*		
Current Program of Study:		**Anticipated Credit hours:**	
Semesters Enrolled:	☐ Fall 2022	☐ Spring 2023	☐ Summer 2023
☐ Day Classes	☐ Evening Classes		
☐ New student	☐ Continuing Student		
Campus Location(s):	☐ North ☐ South ☐ CBTC ☐ NCRC ☐ College Station ☐ CATC		

- I agree to promptly complete all necessary forms for my child to maintain childcare.
- I understand that should I withdraw completely or stop attending classes, all assistance will terminate.
- I understand I must maintain a 2.0 GPA requirement to receive assistance.
- I understand it is my responsibility to notify the Financial Aid Office immediately if my credit hours drop below half-time (6 credit hours).
- I understand the NC Child Care Grant funds may not be awarded until AFTER the semester begins. I am prepared to accept responsibility for childcare payments in the absence of funding.
- If approved, I understand my class attendance will be monitored to ensure that I maintain at least half-time enrollment throughout the semester.
- I understand that applications for Child Care assistance must be filled out on a yearly basis.
- I have read and fully understand the Child Care guidelines and application.

I certify all information submitted is correct. I understand that priority will be given to full-time students (12 Credit hours), but I may be eligible if registered for at least 6 credit hours (must be campus-based classes). I understand that enrollment in minimester and online courses may be eligible on a limited basis. I understand that submission of this application does not guarantee that I will be approved for a grant.

_____

Signature   **Date**

FOR OFFICE USE ONLY

☐ **APPROVED**   ☐ **DENIED**

Program of study:_____ **GPA:** _____

Reason for Denial:

☐ **EFC**   ☐ **Not Enrolled**   ☐ **Less than 6 credit hours**

☐ **Incomplete Application**   ☐ **Other:** _____