

## Child Care Grant Application

1. Name \_\_\_\_\_ ID # \_\_\_\_\_
2. Address \_\_\_\_\_  
(Street) (City) (Zip) (County)
3. Date of Birth \_\_\_\_\_ Telephone-Home \_\_\_\_\_ Telephone-Cell \_\_\_\_\_
4. Degree Program \_\_\_\_\_ Current GPA \_\_\_\_\_ Current Credit Hours \_\_\_\_\_
5. When do you expect to graduate? \_\_\_\_\_
6. Check One:  Married  Divorced  Separated  Widowed  Single
7. Number of Children \_\_\_\_\_ Name, age, date of birth, race and sex of each child living with you and for whom you have joint or full custody. \_\_\_\_\_
8. Are you currently working?  Yes  No. If yes, Name of Employer \_\_\_\_\_
9. Job Title \_\_\_\_\_ Number of hours per week \_\_\_\_\_
10. Are you currently receiving any financial help from these sources? (Check all that apply)  
 WAFA \$ \_\_\_\_\_/mo.  Food Stamps \$ \_\_\_\_\_/mo.  WIA  Vocational Rehabilitation  
 V.A. Educational Benefits  Educational Assistance  Child Care  Pell Grant  
 Other, please specify \_\_\_\_\_
11. Please provide written documentation or proof of the amount received from the source(s) listed below:
 

<input type="checkbox"/> Your Salary/Spouse's Salary	\$ _____
<input type="checkbox"/> Child Support/Alimony	\$ _____
<input type="checkbox"/> Assistance from Parents/Relatives	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____
<input type="checkbox"/> Other (Please specify)	\$ _____
<b>Total Monthly Income</b>	\$ _____

I have read and fully understand the information in the Community College Child Care Application and certify that all information provided is true. The income verification documents, which prove my financial need, will be provided. I hereby grant my permission to have my records with other agencies verified. I understand that I must maintain satisfactory academic progress and abide by the Rules and Regulations of the Child Care Grant Program.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_ APPROVED:  Yes  No

\_\_\_\_\_  
 Signature of Child Care Coordinator \_\_\_\_\_  
 Date Approved



### **The requirements for Child Care Grants are:**

- Apply for child care assistance with the NC Department of Health and Human Services (NCDHHS) in the student's county of residence
  - Applicants must bring paperwork from NCDHHS confirming their application status.
- Applicants must be a full-time student (12 or more credit hours) in **on campus classes**.
- A history of satisfactory academic progress (2.0 GPA) is required and must be maintained to continue receiving childcare assistance.

### **Once you have your paperwork from NCDHHS, we will need the following items:**

- Proof of income (i.e. pay stubs, unemployment statements, etc.)
- Drivers License
- Birth Certificates (for **ALL** members of the household)
- Social Security Cards (for **ALL** members of the household)
- Class schedule

### **Additional Information**

- Childcare assistance is available for **one** child only.
- Children in elementary school are **not** eligible.

**Students must reapply each year in June.**