



CHILDCARE APPLICATION

REQUIREMENTS:

1. Students must have completed the Free Application for Federal Student Aid.
2. Students must apply for childcare assistance through their local Department of Social Services. WPCC also requires a copy of your child's birth certificate.
3. Childcare payments will be prorated based on the number of credit hours the student maintains. Students must be enrolled a **minimum** of six credit hours to receive assistance through WPCC during Fall/Spring semesters.
4. There will be a **maximum** of \$100.00 per week paid to licensed childcare providers. There is a **minimum** payment of \$10.00 per week.

NUMBER OF CREDIT HOURS

MAX CHILDCARE PAYMENT AMOUNT (PER WEEK)

12 OR MORE	\$100
9-11	\$75
6-8	\$50
LESS THAN 6	NONE

PLEASE RETURN APPLICATION TO: TEAH NILE HH -116



CHILD CARE APPLICATION

Please Print Your Full Legal Name

Student ID# _____

(Last) (First) (Middle) (Program of Study)

(Address) (____) _____
Home Phone #

(City) (State) (Zip Code) (____) _____
Alternative Phone #

Please check any that apply:

- | | |
|---|---|
| <input type="checkbox"/> I am married | <input type="checkbox"/> I am a displaced homemaker |
| <input type="checkbox"/> I am single, widowed, divorced | <input type="checkbox"/> I am experiencing academic problems |
| <input type="checkbox"/> I am separated from my spouse | <input type="checkbox"/> I am experiencing difficulties with language |
| <input type="checkbox"/> I am pregnant | <input type="checkbox"/> I am enrolled in a nontraditional major |
| <input type="checkbox"/> I am physically or mentally disabled | |

Enrollment Status: Full-time ¾-time Part-time Day Evening

No. of children in home: _____

Ages: _____ How many require child care _____

Have you applied for child care assistance with another agency? Yes No

Agency Name _____

If yes, were you? Eligible Not eligible

You are required to apply for child care assistance with the Department of Social Services

Please check the type of child care arrangement you have utilized:

- | | |
|---|---|
| <input type="checkbox"/> Licensed Day Care Center | <input type="checkbox"/> Registered Day Care Home |
| <input type="checkbox"/> School Sponsored Program (Before/After School) | |

Name of Child Care Provider: _____ Cost per week: _____

➤ You are Required to apply for the Pell Grant ◀

- I have applied for Pell Grant/Date of Application _____
- I intend to apply immediately and provide coordinator with necessary documentation

NOTE: Failure to complete the Pell grant application/financial aid process and receive a response and or apply for child care assistance through Department of Social Services will make you ineligible for assistance.

Employment Status:

- Presently employed Not presently employed
- Employer: _____
- Hourly or monthly wage: _____ Hours per week: _____

- My spouse is presently employed My spouse is presently unemployed
- Employer: _____
- Hourly or monthly wage: _____ Hours per week: _____

My household is currently receiving:

- Food Stamps Medicaid
- Child Support Unemployment Compensation
- SSI/SSDI VR
- Public Housing TANF
- WIC Pell Grant
- WIA Reduced/Free Lunch (for school children)

I certify that the information on this application is true to the best of my knowledge. I understand that assistance is awarded according to financial need and availability of funds.

Student Signature

Date