

**CHILD CARE GRANT  
STATE FUNDING  
2009-2010**

EFC \_\_\_\_\_  
GPA \_\_\_\_\_  
CURRENT HOURS \_\_\_\_\_  
CURRICULUM \_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please check your current status.

\_\_\_\_\_ New full-time student

\_\_\_\_\_ Returning full-time student

\_\_\_\_\_ New part-time student

\_\_\_\_\_ Returning part-time student

Name \_\_\_\_\_

Curriculum \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Race: (Circle One)    White            Black            Indian            Hispanic            Other

Semester: (Circle One) Fall            Spring            Summer            Year \_\_\_\_\_

Please check ONE of the following:

\_\_\_\_\_ Single Parent            Single, divorced, widowed, or legally separated with a minor child or children of which you have custody.

\_\_\_\_\_ Married  
With Child(ren)            Must have legal custody.

Are you employed? \_\_\_\_\_ If yes, number of hours per week \_\_\_\_\_

If employed, where \_\_\_\_\_

Name of Occupation \_\_\_\_\_

If married, spouse's employer \_\_\_\_\_

If a single parent, number of dependents under age 18 \_\_\_\_\_

Family income (last 6 months) \_\_\_\_\_

List sources of income \_\_\_\_\_

## CHILD CARE GRANT- STATE FUNDING

Please check items that apply to you:

- College Financial Aid (Pell Grant, Work-study, scholarship)
  - Public Assistance (school lunch program, food stamps, low-income housing, Medicaid)
  - TANF \_\_\_\_\_ per month
  - Child Support
  - Other income (excluding employment)
  - Disability
- 

Please provide the following information:

Are you eligible for childcare funds from another source?  Yes  No

If yes, indicate source \_\_\_\_\_

List below the names, ages, and birth dates of all children requiring childcare.

Name of Child	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently have children in childcare? \_\_\_\_\_

Do you have preference for a childcare provider? \_\_\_\_\_

If yes, indicate name and address of provider. \_\_\_\_\_  
\_\_\_\_\_

I certify that these responses are true to the best of my knowledge. I am aware that in order to remain eligible for assistance, I must maintain a minimum GPA of 1.50, complete at least 67% of the courses I enroll in each term at ACC, and that my child must attend daycare at least 80% of the time I am enrolled. I understand I will be required to provide documents that verify my financial need. I must be enrolled and attending school while I receive this assistance. I have read and fully understand the programs eligibility requirements, policies and procedures.

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

\_\_\_\_\_  
Date