

Carteret Community College
CHILD CARE GRANT 2020-2021

Grants are available to assist students with paying for childcare services provided while the student parent is attending classes. Funds are not available for children above 11 years of age unless special needs are demonstrated.

Funds are restricted and cannot be used for registration fees and late charges. Awards generally do not cover the entire cost of childcare; students must be able to pay any remaining amounts (parent fee).

**APPLICATIONS MUST BE ACCOMPANIED BY THE REQUIRED BIRTH CERTIFICATE(S).
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

PRIORITY DEADLINE: May 1, 2020

Applications are accepted throughout the academic year;
however, priority in awarding is given to students who submit complete applications by this deadline.

INSTRUCTIONS:

1. **COMPLETE BOTH PAGES** of the Childcare Grant Application.
2. **ATTACH** a copy of the birth certificate for each child requiring childcare.
3. You **MUST** apply for financial aid by completing the Free Application for Federal Student Aid (FAFSA). You may apply online at FAFSA (www.fafsa.gov) or request a paper application by calling 800-433-3243.

Complete applications received by the priority deadline will be reviewed first. Students will be notified of tentative approval before the fall semester begins. Final approval cannot be given until CCC has been notified of its annual allotments. Complete applications received after the priority deadline will be reviewed after the fall semester begins and students will be contacted only in the event funding is available to add additional applicants to the program.

Funds are awarded in the following order:

1. Students who participated during the previous academic year.
2. According to financial need.

Students will be notified of final approval after the fall semester begins and are responsible for paying for the first few weeks of childcare. Reimbursement will be made if funds are available. Receipts are required for reimbursement.

ALL approved students (new and prior participants) must attend an orientation session. You will be notified of the date and time for this session.

**** PLEASE KEEP THIS SHEET FOR YOUR INFORMATION ****

CARTERET COMMUNITY COLLEGE - CHILDCARE GRANT APPLICATION

All applicants must apply for financial aid by completing the FAFSA

Name _____ Student ID # _____

Complete Address _____

Phone _____

Emergency Contact Name & Phone # _____

Are you planning to enroll: _____ Fall Semester _____ Spring Semester

Please check if one of the following applies to you:

_____ Single Parent - single, divorced, widowed, or legally separated with a minor child(ren) that you have custody of and who live(s) with you

_____ Displaced Homemaker - an adult who previously was a "stay-at-home parent", is no longer supported by their spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment.

List **ALL** persons living in your home (include yourself) _____

List below the names, ages, birth dates, and type of care needed for all children **REQUIRING** childcare:

NAME OF CHILD	AGE	BIRTH DATE	FULL DAY or AFTER SCHOOL CARE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You must locate your own childcare provider.

CCC assumes no responsibility for your children while they are receiving childcare services.

Are your children currently receiving childcare services? _____ No _____ Yes

If yes, name and address of provider: _____

Are you eligible for childcare funds from another source (i.e., DSS)? _____ No _____ Yes

On Waiting List _____ If yes or on waiting list, indicate source: _____

What is your alternate plan for childcare if you do not receive a childcare grant? _____

STUDENT'S NAME _____

Check if you are a TRIO (Student Support Services) _____ participant or _____ applicant

Are you currently employed? _____ No _____ Yes If yes, number of hours per week _____

If employed, where? _____

If not employed, last date of employment: _____

If married, is spouse employed? _____ No _____ Yes If yes, number of hours per week _____

Spouse's employer: _____

Please list amounts from other types of financial aid that you will be receiving:

Workforce Innovation and Opportunity Act (WIOA) _____

Private Scholarship(s) _____ Other _____

I certify that all of the information given is **TRUE** and **CORRECT**. I understand that this information is being given for the receipt of Federal, State, or private funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may be subject to my termination from the Childcare Program.

Student Signature

Date

FOR OFFICE USE ONLY: Major _____ EFC _____ Enrollment Status _____ SAP _____
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