



2017-2018

Dependent Child Care Application & Data Sheet

Please complete the front and back of this application along with a printed copy of your schedule, and return it to the Financial Aid Office by August 4, 2017 for the 2017-2018 academic year.

- Applicants must be enrolled for six or more credit hours in daytime campus-based classes. Evening and online classes are not covered.
You must maintain satisfactory academic progress (SAP).
Your child must be five years of age or younger.
The childcare provider must be licensed with the State of North Carolina and may not be a parent or guardian of the child.
Students must complete the FAFSA as scholarships are awarded based upon need.
Scholarships are dependent upon available funding from the State and may not be awarded until several weeks after the beginning of the Fall 2017 semester.
Students and providers will be notified by mail of awards. Remaining applications will be kept on file and evaluated if there are remaining funds available.

Name of Student/Parent: \_\_\_\_\_ DCCC ID # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Information regarding child(ren) that you are requesting childcare assistance for:

Name of Child(ren): \_\_\_\_\_ Age(s) \_\_\_\_\_

Do you receive: Pell? \_\_\_ Yes; \_\_\_ No | AFDC or TANF? \_\_\_ Yes; \_\_\_ No | JTPA or WIA? \_\_\_ Yes; \_\_\_ No

\*Provider Information: Is your childcare provider an individual/private home? \_\_\_ Yes; \_\_\_ No

License Number of Day Care: \_\_\_\_\_

Name of Childcare Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Phone number(s) of Facility: \_\_\_\_\_

Director or Contact Person: \_\_\_\_\_

Provider's Email: \_\_\_\_\_

\*Total monthly cost of child care: \$ \_\_\_\_\_

Monthly amount paid by Dept. of Social Services (or other agency): \$ \_\_\_\_\_

Monthly amount you are requesting that DCCC pay: \$ \_\_\_\_\_

Months of coverage requested: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

\*Must be completed.

(Application continues on the back)

**Please provide a statement you believe will help give us a better understanding of how this resource will impact your ability to be a successful student. You are encouraged to share your educational and professional goals and how childcare assistance would contribute to achieving these as well as what other resources you are exploring to meet this need. NOTE: If you are asking for Student Loans, this will decrease the amount of this scholarship you can be awarded.**

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**I understand that the choice of a caregiver is mine and it is my responsibility to negotiate with the parties involved. I am also responsible for paying any child-care costs not covered by my agreement with DCCC.**

\_\_\_\_\_ **Student/Parent Signature**

\_\_\_\_\_ **DCCC ID #**

\_\_\_\_\_ **Date**

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**DCCC Financial Aid Office Use Only**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **SAP Status**

\_\_\_\_\_ **Denied**

\_\_\_\_\_ **GPA**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No—Loans**

\_\_\_\_\_ **Major** \_\_\_\_\_ **# credits**