

**NAME:** \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

The North Carolina General Assembly allocates funds each year to assist student-parents enrolled in state community colleges with the financial responsibilities associated with childcare expenses. All student-parents enrolled at least half-time in a Title IV approved program may be eligible for a childcare grant and are encouraged to apply. Childcare grant funds may be awarded to students with demonstrated financial need as determined by the FAFSA and who meet other eligibility requirements.

WCC student-parents who wish to be considered for a childcare grant should complete this application and return it to the Financial Aid Office. Funding is limited; therefore, submission of an application **does not** ensure that funds will be awarded. PLEASE NOTE — the awarding process cannot begin until funding levels for 2021-2022 have been released by the state; for this reason, award notices typically are not issued until AFTER Fall classes begin.

**INSTRUCTIONS:** Complete this application using blue or black ink and return it to the Financial Aid & Veterans Services office with a **copy of the birth certificate for each child who requires childcare services**.

GENERAL ELIGIBILITY REQUIREMENTS	
<ul style="list-style-type: none"> <li>♦ Completed 2021-2022 WCC Financial Aid file</li> <li>♦ Unmet financial need after all other aid is applied</li> <li>♦ Enrolled at least half-time (<i>6+ credit hours</i>) in coursework required for a Title IV program at WCC. (<i>Priority consideration may be given to students enrolled full-time in traditional seated classes</i>)</li> </ul>	<ul style="list-style-type: none"> <li>♦ Legal parent or guardian of the child needing care</li> <li>♦ Legal resident of NC as determined by the NC Residency Determination Service (RDS)</li> <li>♦ Eligible to receive financial aid as outlined in the WCC SAP Policy</li> <li>♦ Not a recipient of childcare assistance through DSS, WAGES, NC Pre-K, Head Start, etc.</li> </ul>

➤ **Have you completed the 2021-2022 FAFSA?**     **Yes** (*continue*)     **No** (*stop here- you are not eligible*)

Please indicate which semester(s) you will need childcare assistance:     Fall 2021     Spring 2022

↳ *The NC Child Care Grant is not available for the summer term.*

Have you received the NC Child Care Grant at WCC before?     No     Yes    **If yes, when?** \_\_\_\_\_

What is your current marital status?     Single     Married     Separated     Divorced     Widowed

For the 2021-2022 school year, will you be a?     New Student     Returning Student     Transfer Student

What is your major? \_\_\_\_\_    What is your grade level?     Freshman     Sophomore

Expected Enrollment: Fall 2021: \_\_\_\_\_ credits    Spring 2022: \_\_\_\_\_ credits

CHILDREN'S INFORMATION ( <i>list all children living in the home</i> )							
Full Name	Age	Child Care Services Needed?		Enrolled in Pre-K or Head Start?		Birth Certificate Attached?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> On File
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> On File
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> On File
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> On File
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> On File

Are any of the children listed on page 1 currently enrolled in a childcare facility?  Yes  No

- If **yes**, what is the name of the facility? \_\_\_\_\_
- If **no**, what are your current childcare arrangements?  Home Daycare  Private Sitter  
 Other \_\_\_\_\_

Have you been approved for childcare assistance through another agency?  No  Yes **If yes**, which agency?  
\_\_\_\_\_

Do you currently receive, or do you expect to receive, any of the following? (*check all that apply*)

- Food Stamps/SNAP  TANF/AFDC  WIOA  VA Non-Educational Benefits
- WIC  Subsidized Housing  Scholarships  Private Student Loans
- Medicaid  Social Security/SSI  Other: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE** (*INITIAL each statement to confirm that you have read and understand it*)

- I have read and understand all information included on this form.
- All information provided on this application is TRUE and CORRECT to the best of my knowledge.
- I understand that this information is being provided for the receipt of funds offered by the State of NC and that purposeful misrepresentation of information may be subject to prosecution under state law.
- I understand that submission of an application does not guarantee that I will be approved for a grant.
- I understand that NC Child Care Grant funds may not be awarded until AFTER the 2021 Fall semester begins. I am prepared to accept responsibility for childcare payments in the absence of funding.
- I authorize WCC Financial Aid & Veterans Services to obtain information from other federal or state agencies regarding funding information and/or program eligibility.
- If I am approved for the NC Child Care Grant, I understand that my class attendance will be monitored to ensure that I maintain at least half-time enrollment (*6 or more credit hours*) throughout the semester.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**BIRTH CERTIFICATES ARE REQUIRED FOR ALL CHILDREN REQUIRING CHILD CARE SERVICES**

RETURN THIS COMPLETED APPLICATION TO:

**Wayne Community College – Financial Aid & Veterans Services – PO Box 8002 – Goldsboro, NC 27533-8002**

**FAX: 919-736-9425 | EMAIL: wcc-finaid@waynecc.edu**

**FINANCIAL AID OFFICE USE ONLY**

File Complete?	COA	– EFC	– FA	– SPONSORS	= UNMET NEED
Yes No					
SAP STATUS: _____		GPA: _____	PACE: _____	TIV Credits Fall: _____	TIV Credits Spring: _____
			Seated _____	Online _____	Seated _____ Online _____
<input type="checkbox"/> Approved		<input type="checkbox"/> Wait List		<input type="checkbox"/> Denied	
Period Covered: _____			Reason: _____		
FA Office Signature: _____			Date: _____		