

NAME: _____

STUDENT ID: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

The North Carolina General Assembly allocates funds each year to assist student-parents enrolled in community colleges with the financial burden associated with childcare expenses. All student-parents enrolled at least half-time in a Title IV-approved program may be eligible for this assistance and are encouraged to apply. NC 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 childcare assistance should complete this application and return it to WCC Financial Aid & Veterans Services. Funding is limited; therefore, *applying does not guarantee that funds will be awarded*. PLEASE NOTE — the awarding process cannot begin until funding levels for 2023-2024 have been released by the state; for this reason, **award notices usually are not issued until AFTER Fall semester classes have started**.

INSTRUCTIONS: Complete this application using blue or black ink, ATTACH a copy of the birth certificate for each child who requires childcare services, sign, and return the completed package to WCC Financial Aid & Veterans Services.

GENERAL ELIGIBILITY GUIDELINES

- | | |
|---|--|
| <ul style="list-style-type: none"> › Legal resident of NC as determined by the NC Residency Determination Service (RDS) › Completed 2023-2024 WCC Financial Aid file › Have unmet financial need › Eligible to receive financial aid at WCC as outlined in the SAP Policy | <ul style="list-style-type: none"> › Legal parent or guardian of the child needing care › Enrolled <u>at least half-time</u> (6+ credit hours) in coursework required for a Title IV eligible program at WCC. (Priority consideration will be given to students enrolled full-time in traditional seated classes) › Cannot be receiving/participating in DSS, NC Pre-K, Head Start, WAGES, etc. |
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➤ **Have you completed the 2023-2024 FAFSA?** Yes (continue) No (stop here- you are not eligible)

Please indicate which semester(s) you will need childcare assistance: Fall 2023 Spring 2024

➤ *The NC Child Care Grant is not available during the summer term.*

Have you received the NC Child Care Grant at WCC in the past? No Yes **If yes, when?** _____

What is your current marital status? Unmarried Married

Beginning with the 2023-2024 school year, you will be a: New Student Returning Student Transfer Student

What is your major? _____ What is your grade level? First-year Second-year

Expected Enrollment: Fall 2023: _____ credits Spring 2024: _____ credits

CHILDREN'S INFORMATION (list all children living in the home)

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
		<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 children listed on page 1 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 reported on this application is TRUE and CORRECT.
- I agree to submit documents to substantiate my financial need if requested.
- I understand that this information is being provided for the receipt of funds offered by the State of NC and that intentional misrepresentation of information may be subject to prosecution under state law.
- I understand that applying for this grant does not guarantee my approval for funding.
- I understand that NC Child Care Grant funds may not be awarded until AFTER the Fall 2023 semester begins. I am prepared to accept responsibility for childcare payments if funding is not approved.
- I authorize WCC Financial Aid & Veteran Services to obtain information from other federal or state agencies regarding funding information or 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 CHILDCARE SERVICES

RETURN THIS COMPLETED APPLICATION TO:

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

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: _____	
	Major _____		Seated _____	Online _____	Seated _____ Online _____
<input type="checkbox"/> Approved		<input type="checkbox"/> Wait List		<input type="checkbox"/> Denied	
Period Covered: _____				Reason: _____	
FA Office Signature: _____				Date: _____	