

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

**WCC 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 this assistance 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 childcare assistance should complete this application and return it to the Financial Aid Office. Funding is limited; therefore, **submission of an application does not guarantee that funds will be awarded.** PLEASE NOTE — the awarding process will not begin until funding levels for 2020-2021 have been released by the state; for that reason, award notices typically are not issued until AFTER Fall classes begin.

**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 the WCC Financial Aid Office.

GENERAL ELIGIBILITY REQUIREMENTS	
<ul style="list-style-type: none"> <li>▶ 2020-2021 WCC Financial Aid file must be complete</li> <li>▶ Have <b>unmet</b> financial need</li> <li>▶ Legal resident of NC as determined by the NC Residency Determination Service (RDS)</li> <li>▶ Eligible to receive financial aid at WCC as outlined in the SAP Policy</li> </ul>	<ul style="list-style-type: none"> <li>▶ Legal parent or guardian of the child needing care</li> <li>▶ Enrolled <u>at least half-time (6+ credit hours)</u> in <b>on-campus and/or hybrid classes</b> as part of a Title IV eligible program at WCC. <i>(Full-time students may be given priority consideration)</i></li> <li>▶ Must not be receiving/participating in DSS, NC Pre-K, Head Start, WAGES, etc.</li> </ul>

▶ **Have you completed the 2020-2021 FAFSA?**     **Yes** (continue)     **No** (stop here- you are not eligible)

Please indicate which semester(s) you will need childcare assistance:     Fall 2020     Spring 2021

▶ *The NC Child Care Grant is not available for 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?     Single     Married     Separated     Divorced     Widowed

Beginning with the 2020-2021 school year, you will be a:  New Student     Returning Student     Transfer Student

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

Expected Enrollment: Fall 2020: \_\_\_\_\_ credits    Spring 2021: \_\_\_\_\_ 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 of the children listed on page 1 currently enrolled in a licensed 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 to the best of my knowledge.
- If requested, I agree to submit documents to verify my financial need.
- 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 submission of an application does not guarantee that I will be approved for funding.
- I understand that NC Child Care Grant funds may not be awarded until AFTER the Fall 2020 semester begins. I am prepared to accept responsibility for childcare payments in the absence of funding.
- I authorize the WCC Financial Aid Office 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 Office – PO Box 8002 – Goldsboro, NC 27533-8002**

**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: _____	