WAYNE
COMMUNITY COLLEGE
FINANCIAL AID

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 2019-2020 have been released by the state; for that reason, award notices typically are not issued until AFTER Fall 2019 classes begin.

INSTRUCTIONS: Complete this application in 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

‣ 2019-2020 WCC Financial Aid file must be complete

‣ Have **unmet** financial need

‣ Legal resident of NC as determined by the NC Residency Determination Service (RDS)

‣ Eligible to receive financial aid at WCC as outlined in the SAP Policy

‣ Legal parent or guardian of the child

‣ Enrolled at least half-time *(6+ credit hours)* in **on-campus and/or hybrid classes** as part of a Title IV eligible program at WCC. *(Full-time students may be given priority consideration)*

‣ Must not be receiving/participating in DSS, NC Pre-K, Head Start, WAGES, etc.

➢ **Have you completed the 2019-2020 FAFSA?**   ☐ **Yes** *(continue)* ☐ **No** *(stop here- you are not eligible)*

Please indicate which semester(s) you will need childcare assistance: ☐ Fall 2019   ☐ Spring 2020

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

What is your status for the 2019-2020 school year?   ☐ New Student   ☐ Continuing/Returning Student   ☐ Transfer Student

What is your major? _____   What is your grade level?   ☐ Freshman   ☐ Sophomore

Anticipated Enrollment: Fall 2019: _____   Spring 2020: _____   ***Submit a copy of your class schedule**

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?
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ On File
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ On File
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ On File
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ On File
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 Day Care   ☐ 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 2019 semester begins. If necessary, 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 _____

☐ Approved   ☐ Wait List   ☐ Denied

  Period Covered: _____   Reason: _____

FA Office Signature: _____   Date: _____