

The North Carolina General Assembly allocates funds to assist student-parents enrolled in state community colleges with the financial responsibilities associated with child care expenses. All student-parents enrolled for at least six (6) credit hours in a Title IV approved program may be eligible for this assistance and are encouraged to apply. Child care 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 child care 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.**

INSTRUCTIONS: Complete this application in full, attach a copy of the birth certificate for each child who requires child care services, and return the completed package to the WCC Financial Aid Office. Please note, the awarding process will not begin until funding levels for 2017-2018 have been released by the state; for that reason, you may not receive notice of approval until after Fall 2017 classes begin.

❖ **Have you submitted a 2017-2018 FAFSA?** Yes (*continue*) No 

GENERAL ELIGIBILITY REQUIREMENTS

- 2017-2018 WCC Financial Aid file must be complete.
- Must be a legal resident of NC as determined by the NC Residency Determination Service (RDS).
- Must be eligible to receive financial aid at WCC as outlined in the SAP Policy.
- Must have **unmet** financial need.
- Must be 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 will be given priority.*)
- Must not be receiving child care assistance from outside agencies. (*e.g. DSS, WAGES*)

Which semester(s) are you applying for assistance? Fall 2017 Spring 2018

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

PERSONAL INFORMATION (*please type or print clearly*)

NAME: _____

WCC ID #: _____

E-MAIL: _____

PHONE: _____

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

EDUCATIONAL INFORMATION

What is your student status for the 2017-2018 school year? New Student Continuing/Returning Student Transfer Student

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

How many credit hours do you plan to register for? Fall 2017: _____ Spring 2018: _____

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

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

- If **yes**, what is the name of the facility? _____
- If **no**, what are your current child care arrangements? Home Day Care Private Sitter
 Other _____

Are you currently receiving child care assistance? Yes No **If yes**, what is the source of funding? (DSS, WAGES, etc.) _____

FEDERAL BENEFITS

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

- Food Stamps/SNAP TANF/AFDC Social Security/SSI Pell Grant
 WIC/Medicaid Subsidized Housing WIOA VA Non-Educational Benefits

CERTIFICATION AND SIGNATURE (initial each item to confirm that you have read 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 will 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 the deliberate 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 2017 semester begins and that I must be prepared to accept responsibility for child care 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 I will be required to maintain at least half-time enrollment (6 or more credit hours) throughout the semester and to provide monthly documentation of my class attendance.

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

FOR FINANCIAL AID OFFICE USE ONLY

APPROVED Period Covered: _____

DENIED

WAITING LIST

Notice Sent to Student: _____
Date

Reason for Denial:

- Income too high: EFC = _____
 Incomplete Application
 SAP
 Other: _____

Child Care Grant Coordinator Signature

Date