

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 the child care grant should return this completed application 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, attach a copy of the birth certificate for each child who requires child care services, sign, and return to the WCC Financial Aid Office. Please note, the awarding process cannot begin until funding levels for 2018-2019 have been released by the state; for that reason, **award notices may not be issued until after Fall 2018 classes begin.**

⇒ **Have you submitted a 2018-2019 FAFSA?**  **Yes** (*continue*)  **No** 

**GENERAL ELIGIBILITY REQUIREMENTS**

- Completed 2018-2019 WCC Financial Aid file.
- 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.
- **Unmet** financial need.
- 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 first consideration.*)
- Not receiving child care assistance from outside agencies. (*e.g. DSS, WAGES*)

Which semester(s) are you applying for assistance?  Fall 2018  Spring 2019

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 status for the 2018-2019 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 take? Fall 2018: \_\_\_\_\_ Spring 2019: \_\_\_\_\_

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

| Full Name | Age | Child Care 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 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 \_\_\_\_\_

Have you been approved for child care assistance through another agency?  Yes  No **If yes**, what agency? (DSS, WAGES, etc.) \_\_\_\_\_

**FEDERAL BENEFITS**

Do you now 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 Vouchers       Housing Assistance       WIOA       VA Non-Education 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 funds may not be awarded until after the Fall 2018 semester begins. If necessary, I am 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 throughout the semester and to provide 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**

Reason for Denial:

**WAITING LIST**

Notice Sent to Student: \_\_\_\_\_  
Date

Income too high: EFC = \_\_\_\_\_

Incomplete Application

SAP

Other: \_\_\_\_\_

\_\_\_\_\_  
Child Care Grant Coordinator Signature

\_\_\_\_\_  
Date

|       |       |       |          |            |       |       |
|-------|-------|-------|----------|------------|-------|-------|
| COA   | EFC   | FA    | Sponsors | Unmet Need | TIV   | GPA   |
| _____ | _____ | _____ | _____    | _____      | _____ | _____ |