

The North Carolina General Assembly allocates funds to assist student-parents enrolled in state community colleges with their child care expenses. All curriculum student-parents may be eligible and are encouraged to apply. Funds are awarded to students with demonstrated financial need as determined by the FAFSA and who meet other eligibility requirements. Priority is given to unmarried, full-time returning students with the highest unmet financial need.

WCC students 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 to the WCC Financial Aid Office. Please note, the awarding process cannot begin until funding levels for 2016-2017 have been released; for that reason, you may not receive notice of approval until after Fall 2016 classes begin.

❖ Have you submitted a 2016-2017 FAFSA? ☐ Yes (continue) ☐ No 

GENERAL ELIGIBILITY REQUIREMENTS

- 2016-2017 WCC Financial Aid file must be complete.
- Must be a legal resident of NC as determined by the Office of Admissions and Records.
- 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 2016 ☐ Spring 2017

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 2016-2017 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 2016: _____ Spring 2017: _____

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 child care facility? ☐ Yes ☐ No

- If yes, what is the name of the facility? _____
- Is the facility licensed by the state of NC to provide child care services? ☐ Yes ☐ No ☐ Don't Know
- Will the child(ren) remain in the same facility if you are approved for the NC Child Care Grant? ☐ Yes ☐ No

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)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> TANF/AFDC | <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Pell Grant |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> WIOA | <input type="checkbox"/> 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 funds may not be awarded until after the Fall 2016 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 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: _____

Notice Sent to Student: _____
Date

☐ **DENIED**

Reason for Denial:

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

Child Care Grant Coordinator Signature

Date