



2011-2012

Dependent Child Care Application & Data Sheet

Please complete the front and back of this application along with a printed copy of your schedule, and return it to the Financial Aid Office by July 29, 2011 for the 2011-2012 academic year.

- Applicants must be enrolled for six or more credit hours during in daytime campus-based classes. Evening and web classes are covered.
• You must maintain satisfactory academic progress (SAP).
• Your child must be five years of age or younger.
• The childcare provider must be licensed with the State of North Carolina and may not be a parent or guardian of the child.
• Students must complete the FAFSA as scholarships are awarded based upon need.
• Scholarships are dependent upon available funding from the State and may not be awarded until several weeks after the beginning of the fall semester 2011.
• Students and providers will be notified by mail of awards. Remaining applications will be kept on file and evaluated if there are remaining funds available.

Name of Student/Parent: \_\_\_\_\_ DCCC ID # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Information regarding child(ren) that you are requesting childcare assistance for:

Name of Child(ren): \_\_\_\_\_ Age(s) \_\_\_\_\_

Do you receive: Pell? \_\_\_Yes; \_\_\_No | AFDC or TANF? \_\_\_Yes; \_\_\_No | JTPA or WIA? \_\_\_Yes; \_\_\_No

Provider Information: Is your childcare provider an individual/private home? \_\_\_Yes; \_\_\_No

License Number of Day Care: \_\_\_\_\_

Name of Childcare Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Phone number(s) of Facility: \_\_\_\_\_

Director or Contact Person: \_\_\_\_\_

Total monthly cost of child care: \$ \_\_\_\_\_

Monthly amount paid by Dept. of Social Services (or other agency): \$ \_\_\_\_\_

Monthly amount you are requesting that DCCC pay: \$ \_\_\_\_\_

Months of coverage requested: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Application continues on the back.

