

The Child Care Funding program provides child care services for parents returning to school. Students in College/University Transfer, Associate Degree, or Diploma programs may be eligible.

Last Name	First Name	Student ID#
@my.waketech.edu		

Telephone Number	Email Address
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Address	City	State	Zip
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Marital Status: Single Married Separated Divorced Widowed

Educational Information

Are you a: First time student Continuing/returning student Transfer student

Expected Enrollment? Fall _____ Spring _____

Major: _____ Completion date: _____

Are your classes: Seated Online Both

Child Care and Provider Information

Child's Full Name	Child's Age	Date of Birth	Child Care Arrangements Name, Address, Telephone	Full or Part-time	Fees Monthly/Weekly

Are you receiving day care assistance? Yes No From what source: _____

If yes, which agency(ies)? _____

I certify that the above information is true. I understand that I may be required to provide documents which verify my financial need. I understand that I am responsible for my child care fees that are not paid by Wake Technical Community College. I hereby authorize the Financial Aid Office to obtain information (such as funding information, program eligibility and attendance verification) from my chosen child provider. I agree to inform the Child Care Coordinator immediately if there are any changes in my child care arrangements, my family status, or my student status. *Failure to comply with this agreement will lead to termination from the Child Care Grant Program.*

Student Signature	Date
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If you have any questions, contact Lana Mangum at lcmangum1@waketech.edu or (919) 866-5489.

Certification and Signature (Initial each statement to confirm that you have read and understand.)

Return this completed form with any required documentation to an address below. **For faster processing**, upload your documents directly on the [Student Portal](#).
Select the Financial Aid Offer year then Student Upload Form.

Requests for additional information will be sent to your my.waketech.edu email address. **Please activate your email account and check it regularly.**

Southern Wake Campus
Financial Aid Office
9101 Fayetteville Road
Raleigh, NC 27603
F 919.954.2192

Northern Wake Campus
Financial Aid Office
6600 Louisburg Road
Raleigh, NC 27616
F 919.954.2192

Perry Health Science Campus
Financial Aid Office
2901 Holston Lane
Raleigh, NC 27610
F 919.250.4252

RTP Campus
Financial Aid Office
10908 Chapel Hill Road
Morrisville, NC 27560
F 919.335.1281

_____ I have read and understand all information included on this form.

_____ All information included on this form is TRUE and CORRECT to the best of my knowledge.

_____ 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 and/or Spring semester begins. I am prepared to accept responsibility for childcare payments in the absence of funding.

_____ I authorize WTCC 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 _____

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