



Student's Full Name		Student ID#	Date of Birth	
Address		City	State	Zip
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				

Are you a: ☐ First time student Expected Credits: Fall _____

☐ Continuing/returning student Spring _____

☐ Transfer student Anticipated Graduation date: _____

Are your classes: ☐ Seated ☐ Online ☐ Both

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

If yes, which agency(ies)?

_____ 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.

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 _____

OFFICIAL USE: To be completed by staff.

_____	GPA
_____	Completion Rate
_____	Fall Credit Hours
_____	Spring Credit Hours
_____	Summer Credit hours

Requests for additional information regarding this form will be sent to your my.waketech.edu email address so be sure you are checking your Wake Tech email address regularly.

Email this completed, signed, and dated document to **Lana Mangum** at lcmangum1@waketech.edu.

You may also bring this document to your nearest campus,
mail it to Lana Mangum at 9101 Fayetteville Road, Raleigh, NC 27603
or fax it to 919.335.1190.

If you have questions, contact Lana Mangum at lcmangum1@waketech.edu or 919.866.5489