

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

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----|
| 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 | | | |

| Educational Information | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------|
| Are you a: <input type="checkbox"/> First time student | Expected Credits: Fall _____ |
| <input type="checkbox"/> Continuing/returning student | Spring _____ |
| <input type="checkbox"/> Transfer student | Anticipated Graduation date: _____ |
| Are your classes: <input type="checkbox"/> Seated <input type="checkbox"/> Online <input type="checkbox"/> 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)? _____

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

- _____ 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