



2018-2019 VGCC Application for Childcare Assistance

Thank you for your interest in VGCC's Childcare Assistance Program. Please be advised that the applications received usually far exceed the amount of funding granted to the college; therefore, not everyone who applies will receive this award. To be considered for Childcare Assistance you must:

- Complete a 2018-2019 Financial Aid Application (FAFSA) and submit all associated documentation; complete and return all pages of this application and any forms required.
- Be an Independent student and meet all financial aid eligibility requirements including Standards of Academic Progress.
- Be enrolled in a curriculum program for **a minimum of 9 seated credit hours each semester.** (The 9 credit hours must be daytime, campus based classes. Evening, weekend and web credits are not considered unless they are in addition to the mandatory 9.)
- **Contractual commitments for this grant WILL NOT be made until late August pending the receipt of government funding. You may not receive notification of eligibility until late August or early September.**
- Priority will go to full-time students working on their first associate degree program, additional associate degree and certificate programs will be considered subsequently.
- If you are selected to receive this award, it will become effective on September 1st and end on April 30th. You will be responsible for your daycare expenses for the first couple of weeks when fall semester begins and at least a week before spring semester ends. Please be prepared to cover these periods. **(If funds are available, we may be able to help with the month of May.)**
- If selected, you will be required to submit a bi-weekly attendance form.

The selection process for this award includes many factors such as the availability of funds, grades and academic progress from previous course work, program of study, enrollment status, financial need based on the information provided by you on your financial aid application, and other criteria as deemed necessary.

Your application will remain on file for the remainder of the 2018 – 2019 academic year. If you are not chosen in the first round of selections, please know that this grant is reviewed on a regular basis and, as funds allow, we will be making additional selections throughout the academic year. **You will be notified if you are selected at a later date.**

I verify that I have read and understand the above requirements.

Student Signature

Date

Student ID



Student Section: We understand some of the information requested is of a personal nature; however, it is necessary to determine eligibility for this grant. Do not omit any information. Please print.

Student Name: _____ Student ID: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Address: _____ City/State/Zip: _____

Current Marital Status: ___Married ___Single ___Separated ___Divorced ___Widowed

Date of Birth: _____ Major: _____ New or Returning Student: _____

Do you receive child support? _____ If so, please list amount and frequency: _____

Have you ever received a childcare assistance award from VGCC? _____

Employer: _____ Supervisor's Name: _____

Dates of Employment: _____ Phone #: _____ # of Hours Weekly _____

Provide the name, address and telephone number of child's other parent.

Name: _____ Telephone Number: _____

Employer: _____ Supervisor's Name: _____

Employer's Telephone Number: _____ # of Hours Weekly: _____

Child(ren) Information: **Please attach a copy of your child's birth certificate.**

Note: In an effort to serve as many students as possible, VGCC will assist with expenses for only 1 child. Other children may be considered IF the student is receiving partial assistance from another source. Please provide the following information about the child(ren) for which you need daycare assistance.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____



Student Section (cont.)

Note: Daycare must be a state licensed daycare facility or NC registered in-home daycare.

Daycare Provider: _____

Phone #: _____ Daycare Director/Contact Person: _____

Monthly Rate (excluding other assistance received): _____

Are you or your child's other parent related to anyone that owns or is employed by this facility? _____

Do you receive childcare assistance from any other source (social services, church, family members, friends, etc?) _____ Yes _____ No

If so, provide the name of the agency or individual(s) providing assistance: _____

Amount paid monthly by agency or individual: _____

Monthly amount that you are responsible for paying out-of-pocket each month: _____

****Childcare assistant funding has limited resources. In the event you are not selected to receive Childcare Assistance, how do you plan to provide care for your child while in class?**

Please State reasons for applying for Childcare Assistance, including any information you wish to disclose regarding your financial circumstances or other information you would like to have considered in the selection process). _____

I certify that all information provided is true and complete to the best of my knowledge and that these expenses are necessary for me to attend VGCC. I understand that Childcare Assistance funding is limited and I am not guaranteed eligibility.

Student's Signature

Date

Student ID#



2018-2019 VGCC Childcare Assistance Grant Program - General Policies and Provider Agreement

To be completed by Daycare Director

The student listed below has applied for the Childcare Assistance Grant to be received while enrolled as a student at Vance-Granville Community College. If approved, you will be provided with an agreement contract which will provide more detailed information. Listed below are general policies of the Childcare Assistance Grant:

- A one-time billing contract will be mailed to you from the Financial Aid Office at VGCC if the student is approved. The contract will project the monthly amounts for which we will be responsible for during the semester(s) in which services are rendered.
- Payment will not be made in advance of services rendered.
- Payment for services will be made directly to the childcare center, never to the parent.
- Payment will be mailed to you monthly, NO LATER THAN THE LAST BUSINESS DAY OF EACH MONTH during which services are rendered. Any necessary adjustments will be discussed by phone and made on the following months check.
- The daycare provider MUST notify the Financial Aid Office if any of the following occur:
 - Childcare assistance (or change in assistance amount) from other agencies, such as DSS, etc.
 - Child is absent for more than five (5) consecutive days.
- Students are reevaluated each term to determine continued eligibility. You will be notified in writing or by phone of any necessary adjustments due to the availability of funds and/or the student's eligibility.
- Students who stop attending school will only be eligible for the portion of the month in which they were in attendance. The remainder of the month will be the student's responsibility, as will any withdrawal notice fees charged by your facility. Childcare centers will be notified immediately as we become aware of such instances.



To be completed by Daycare Director (cont.)

The following is the agreement to partner your services with VGCC’s Childcare Assistance Grant Program. If you agree to render childcare services under these guidelines for the below named child, please complete and return this form to the student, or fax or mail to the address below. **Please attach a schedule of all fees charged by your center.** If you have any questions regarding our program please contact me at:

Tonya J. Strum, Financial Aid Assistant
VGCC Financial Aid Office – Childcare Assistance Grant Program
PO Box 917
Henderson, NC 27536
Telephone: 252-738-3290 Fax: 252-738-3388 Email: strumt@vgcc.edu

Student Parent’s Name _____ Child’s Name _____

Is child presently enrolled in your facility? _____ If not, do you have an available slot? _____

Name of Center _____ Mailing Address _____

City, State, Zip _____

| | | | |
|------------------|--------------|------------------|-----------------|
| Telephone Number | Monthly Rate | Amt. Parent Pays | Amount DSS Pays |
|------------------|--------------|------------------|-----------------|

Are you licensed/registered in NC to provide childcare? _____ Yes _____ No

Federal Tax ID Number: _____

Is your center or registered home daycare incorporated for tax purposes? _____ Yes _____ No

State ID or Social Security Number: _____

| | | |
|--------------------------------|----------------------------|------|
| Childcare Provider’s Signature | Print contact/billing name | Date |
|--------------------------------|----------------------------|------|



2018 – 2019 Daycare Assistance Request Verification for Student Parent

Our students are required to apply for daycare assistance at DSS before being considered for daycare assistance at VGCC. Please verify that the below named student has applied to the Department of Social Services for assistance with dependent childcare to enable the student to attend day classes at Vance-Granville Community College. The information requested will be used to determine the student’s possible eligibility for supplemental assistance from the college.

Please return by the student or mail to:

**Vance-Granville Community College
Attn: Tonya Strum, Financial Aid Office
P O Box 917
Henderson, NC 27537**

Student Section: (To be filled out by the student)

I hereby authorize the Department of Social Services to release the information requested on this form to VGCC.

| | | |
|--------------------------------|------|---------------------|
| Signature of Student Applicant | Date | Student’s VGCC ID # |
|--------------------------------|------|---------------------|

Department of Social Services Section: (To be filled out by DSS)

1. The above named student (has___) (has not___) applied for daycare assistance with the Department of Social Services to attend college for the current or upcoming semester.

2. The student (is___) (is not___) eligible for daycare assistance at this time.
 - a) If so, monthly amount DSS will pay and effective date: _____Amount_____Effective Date
 - b) If not, please state reason the student is not eligible and if the student is on your waiting list for daycare assistance? _____

3. Are you aware of any unpaid balances that this student might owe to any daycare provider?

4. Please note any other facts that you are aware of or reasons you feel should qualify or disqualify this student from receiving assistance from any other source. _____

Signature of DSS Representative Completing Form: _____ Date: _____

Title: _____ County: _____ Phone #: _____