IMPORTANT INFORMATION REGARDING 2014 – 2015
CHILD CARE ASSISTANCE. PLEASE READ.

❖ YOU MUST APPLY BY AUGUST 8, 2014 FOR PRIORITY CONSIDERATION

Thank you for your interest in VGCC’s child care 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 a child care assistance award, you must:

• Complete a 2014 – 2015 Financial Aid Application (FAFSA); fully complete and submit all pages of this application and all other requested documentation.
• Meet all financial aid eligibility requirements.
• 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.)
• The first round of selections will be made from fully completed applications received by the priority date of August 8, 2014. Additional selections from applications received after August 8th will be made as timely as possible. Contractual commitments for this grant WILL NOT be made until late August pending the receipt of government funding. This means you may not receive a definite answer until the end of August or early September.
• Priority will go to full time students working on their first associate degree program, 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. Therefore, you will be responsible for your daycare expenses for the first couple of weeks when fall semester starts and at least a week before spring semester ends. Please be prepared to cover these periods.

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 2014 – 2015 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 semester. You will be notified if you are selected at a later date.

Please sign below to indicate that you have read and fully understand the above statements and you are willing to comply accordingly.

________________________________________________________________________  ______________
Signature                  Date
We understand some of the information requested in this application is of a personal nature; however it is necessary to determine your eligibility for this grant. A detailed and complete application will help qualify you in the selection process. **Please do not omit any information.** Direct any questions to the daycare assistance coordinator in the Financial Aid Office.

**STUDENT INFO:** Name __________________________ SID # ________________  
(Please Print Legibly --- Include maiden name if applicable)

Telephone numbers: Cell __________________ Home __________________ Work __________________

Address________________________________________ City/State/Zip__________

Present check marital status: Married ____ Single _____ Separated ____ Divorced ____ Widowed ____

DOB ______________ Major: __________________________ Are you a new Student ___ or returning ___?

Do you receive child support? _______ If so, please list amount and frequency. __________________

Have you ever received a daycare assistance award from VGCC? ______

**RELATIVES AND CONTACT INFO:** (DO NOT LEAVE BLANK) Please provide the name, address and telephone number of your child’s other parent:

________________________________________________________________

Name of your closest relative or other contact person NOT LIVING WITH YOU that would relay a message:

Name __________________________ Relationship ___________ Telephone # ________________

**EMPLOYMENT INFO:** Are you employed? ______ If so, where: ________________ How long: ____

Supervisor’s name: _______________ Number of Hrs. Weekly: _____ What Days/Times: _______

Your child’s other parent’s place of employment: __________________________ Work Phone Number: __________

During What Hours Each Day: __________ Number of Hrs. Weekly: _____ What Days/Times: _______

**CHILD (OR CHILDREN):**

PLEASE ATTACH A COPY OF EACH 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 your child(ren) for which you need daycare assistance.

***** YOU MUST ATTACH A COPY OF YOUR CHILD’S BIRTH CERTIFICATE. *****

Name: __________________________ DOB ____________ Age: _____ Daycare ____ After-school care _____

Name: __________________________ DOB ____________ Age: _____ Daycare ____ After-school care _____
DAYCARE PROVIDER INFO  Please provide the name of the state licensed daycare facility or registered in-home daycare provider selected by you and not by VGCC: _______________________

Name of Director or person to contact with billing inquiries: _____________________________________

Telephone number ____________________  Regular monthly rate charged WITH NO assistance: __________

PAYMENT INFO  Are you receiving childcare payment assistance from any source (such as family members, friends, church, social services, etc.)?  Yes ___  No ___  If so, please provide the name of the agency or individual(s) providing assistance: _______________________

Monthly amount paid by agency or individual: _______________________  Monthly amount that you are responsible for paying out-of-pocket each month: ___________________

PLEASE READ AND SIGN

VGCC is an equal opportunity, affirmative action institution. The college serves all students regardless of race, creed, color, sex, national origin, or disabling conditions. The college is in compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1991 prohibiting discrimination with regard to disabilities.

I certify that all the information I have provided is true and complete to the best of my knowledge, and that these expenses are necessary for me to attend VGCC. I also understand that this or any other financial aid application does NOT guarantee that I will receive a daycare assistance award. Selections will be made based on established criteria and I will be notified if I receive this award.

______________________________________________              ______________________________

Student’s Signature                      Date

ALTERNATIVE PLAN  ** DO NOT LEAVE BLANK **  The daycare grants have very limited resources. Please state how you plan to provide care for your child while in class if you do not receive this grant.

__________________________________________________________________________________________________

ESSAY  On the lines below (continue on back if necessary), state your reasons for applying for this grant. Include any facts you wish to disclose regarding your financial circumstances or any other information that you feel might help qualify you in the selection process.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
POLICIES AND GUIDELINES FOR STUDENT PARENTS
RECEIVING THE CHILD CARE ASSISTANCE GRANT 2014 – 2015

Important! Please read and sign.

The below named guidelines will be your responsibility if you are selected into the program. Any questions should be referred to the Childcare Grant Administrator in the Financial Aid Office.

- Your Free Application for Federal Student Aid (FAFSA) must be completed and processed results received in the Financial Aid Office. You must have a GED or High School Diploma.

- Priority will be given to FULL TIME students enrolled in curriculum programs working toward their first associate degree. If you are not full time, you must be enrolled for at least 9 campus-based, daytime credit hours. Evening, web and weekend credits are not considered, unless they are in addition to the mandatory 9.

- All Standards of Academic Progress must be maintained as stated in the Financial Aid Student Catalog. Daycare assistance will not be awarded to students on academic probation.

- Childcare assistance is based primarily on “greatest need” and is awarded for fall and spring semesters. However, recipients will be consistently reevaluated during and after each term for continued assistance. Other factors of consideration include student’s academic progress, GPA, program of study, marital status and unmet financial needs. Priority will be given to students who need daycare 5 days per week over students needing assistance 2 or 3 days per week, based on student’s individual semester schedule.

- Daycare assistance is available for periods of enrollment only. If you withdraw from school, the grant will be terminated effective on the date of withdrawal. Be aware that most daycare facilities require a two-week notice prior to your child’s last day of attendance, which the grant does not cover. This grant will not be offered during the summer semester.

- The daycare provider is the choice of the student and not that of Vance Granville Community College. However, the provider you select must be a state licensed daycare facility or registered home daycare, and be willing to participate in our program (such as receiving payment once a month at the end of the month, etc.).

- The Financial Aid Office, when necessary and according to the availability of funds and student’s eligibility, may adjust childcare awards. This is a seldom situation. The student and their daycare facility will be notified of any necessary adjustments.

- You must notify the Financial Aid Office of any assistance you receive from any other agency or source.

- If your child is absent from daycare due to illness for more than 5 consecutive days, you may be requested to provide a doctor’s note. If your child is absent for any reason other than illness for more than 5 consecutive days, you must contact and advise the daycare grant administrator of your reasons for the absence.

- In order to receive this award, you must be willing to submit mandatory attendance reports on a bi-weekly basis to the Financial Aid Office. IF THIS PAPERWORK IS NOT KEPT CURRENT, YOU WILL LOOSE YOUR DAYCARE ASSISTANCE, as well as eligibility for any future daycare assistance awards.

I have read the guidelines for child care assistance and understand them. I agree to abide by the policies and will report any changes in my daycare arrangements OR my school schedule to the Childcare Grant Coordinator during the award year. I realize failure to comply with the above named guidelines will result in termination of further daycare assistance. My signature authorizes Vance-Granville Community College to receive academic and attendance information from my instructors and also verifies acknowledgement that the daycare facility my child is enrolled in was my choice and not that of Vance-Granville Community College.

_____________________________________   __________________________
Student Signature     Date
VGCC CHILDCARE ASSISTANCE GRANT PROGRAM 2014-2015

GENERAL POLICIES AND PROVIDER AGREEMENT TO BE FILLED OUT BY DAYCARE DIRECTOR

This agreement form is intended to help you decide if you are willing to work with our program. The below named student has selected your childcare center in which to enroll his/her child while attending VGCC. The student is NOT yet approved for assistance at this time. You will be notified in writing and/or by phone if the student is approved. If selected, the effective date is usually September 1st, and the ending date is April 30th of the following year. You will be given an agreement contract and more exact information if this student is selected. The following are general policies of the Child Care Assistance Grant:

- A one-time billing contract will be mailed to you from the Financial Aid Office at Vance-Granville Community College (or sent to you by the student) when the below named student is approved. The contract will project the monthly amounts for which we will be responsible during the semester(s) in which services are to be rendered. When you receive the contract, please sign and return 1 copy to the Financial Aid Office as soon as possible to ensure timely payment. The second copy is for your records.

- Payment may 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 next month’s check.

- The daycare provider must notify the Financial Aid Office of the following:
  - Child absent for more than five (5) consecutive days.
  - Childcare assistance (or change in assistance amount) from any other agencies, such as DSS, etc.

- Students are reevaluated each term to determine continued eligibility. You will be notified in writing or by phone of any necessary adjustments in awards 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.

The following is the agreement to partner your services with VGCC’s Child Care Assistance Grant Program. If you agree to render childcare services under these guidelines for the below named child, please fully complete and return this form to the student, or you may fax or mail it 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 Glenda Bowman in the Financial Aid Office at Vance-Granville Community College at (252) 738-3308.

Glenda W. Bowman, Financial Aid Office
Vance-Granville Community College
P. O. Box 917  Henderson, N. C. 27536
Tel # (252) 738-3308  Fax # (252) 738-3388
E-Mail bowmang@vgcc.edu

Student Parent’s Name ___________________________  Child’s Name ___________________________

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

Name of Center ___________________________  Mailing Address of Center ___________________________  City, State, Zip ___________________________

Telephone Number of Center ___________________________  Regular Mo. Rate ___________________________  Amount Parent Pays ___________________________  Amount DSS Pays ___________________________

Are you licensed or registered with the state of NC to provide childcare?  __Yes  __No  
Federal Tax ID # ___________________________

Is your center or registered home daycare incorporated for tax purposes?  __Yes  __No  
State ID or SSN ___________________________

Child Care Provider’s Signature ___________________________  Print name of person to contact with billing inquiries ___________________________  Date ___________________________
To: Department of Social Services  
From: Glenda Bowman, VGCC Daycare Grant Coordinator  
(252) 738-3308  
Subject: 2014 – 2015 Daycare Assistance Request Verification for Student Parents

Our students are required to apply for daycare assistance at DSS before they are 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, mail to the above address or fax to (252) 738-3388. Thank you for your cooperation in completing this form.

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 Vance-Granville Community College.

Signature of Student Applicant ___________________________ Date __________

Student’s VGCC Student ID Number ___________________________

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

1. The above named student (has___) (has not___) been into the social services office and applied to DSS for daycare assistance to attend college for the current or upcoming semester.

2. The student (is___) (is not____) eligible for daycare assistance at this time.
   ✓ If so, please list the monthly amount DSS is paying or will pay and the effective date.
     Amount ___________________________ Effective date _________________________
   ✓ If not, please state the reason the student is not eligible and advise whether or not the student is currently 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 ___________________________

Title ___________________________ County ___________________________

Date ___________________________ Telephone Number ___________________________