



CHILD CARE GRANT APPLICATION

Parental Information AY _____

LAST NAME (Mother) FIRST MI SSN

LAST NAME (Father) FIRST MI SSN

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE WORK TELEPHONE BIRTHDATE

PLACE OF EMPLOYMENT ANNUAL HOUSEHOLD INCOME NUMBER IN FAMILY

I am enrolled in College Credit Vocational Adult Studies

I am enrolled Full-time Part-time Half-time

This request is for Fall Spring Summer (student must reapply each semester)

Have you participated in any volunteer/ community service projects yes no

Dependent Information (infant to 5 years only)

LAST NAME FIRST MI AGE BIRTH DATE

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Child Care Center Information (To be completed by the Child Care Provider only)

Name of Child Care Center _____

Address _____

Signature of Child Care Director _____

Telephone Number _____ Child Care Cost _____ Weekly Daily Hourly

Program of Enrollment for year aid is received: Toddler K2 K3-K4

A legible copy of your child(ren) birth certificate(s) must accompany this application.

Student's Signature

Date