



Financial Aid Office
800 College Court New Bern NC 28562
(252)638-7216

Child Care Program Application

All students/parents are encouraged to apply for Child Care Assistance while attending Craven Community College. Only students/parents who are not receiving assistance from other agencies are eligible. Please return completed application with all documentation (listed below) to be considered.

Name: Student ID #:
Address: City: State: Zip:
Phone #: Cell #:
Email address:

Number of credit hours registered for:

In order to be considered student/parent must be enrolled and participating in a minimum of 6 semester hours.

Marital Status:

Single Separated Divorced Widowed Married

Table with 2 columns: Dependent Child (ren)'s Name, Age

Current Child Care Provider(s)

(Note: To be approved for funding under this program, you must submit the name, address, state license number and cost of your child care provider before payment can be made.)

Name/Address

Hours per week attending
Cost per week \$
Phone

**Are a portion of your child care expenses currently paid by another agency (Department of Social Services, JOBS, Military or other)?**

**Yes (please list below):** \_\_\_\_\_ **No:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Amount paid per week:** \_\_\_\_\_

Requirements to be considered:

- Completed FASFA received by Craven Community College
- Must be meeting 2.0 GPA and 67% class completion rate
- Must be enrolled in minimum 6s.h.

Please provide the following with this application (application is not complete until all documents are provided):

- Copy of denial letter from the Department of Social Services
- Copy of the child care provider's license or license number

I understand this is only an application for child care assistance through the Financial Aid Office at Craven Community College. I also understand that acceptance depends on the availability of funds and all forms and agreements must be completed before payment will be made. I understand that the arrangements for child care are my responsibility and I will not hold the college liable for any problems or injuries that occur as a result of child care. **I understand that this application must be submitted with a letter from the Department of Social Services stating that I am not receiving any type of assistance for child care from them.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Completed by Financial Aid Staff:

Received by: \_\_\_\_\_

Date & Time Received \_\_\_\_\_