



**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 \_\_\_\_\_ Married \_\_\_\_\_

<b>Dependent Child (ren)'s Name</b>	<b>Age</b>
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_____	_____
_____	_____
_____	_____

#### **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 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.

Signature \_\_\_\_\_

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

Completed by Financial Aid Staff:

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

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