

# Childcare Assistance Application

2011-2012

Central Piedmont Community College

Deadline for the Spring 2012 Semester Applications: **November 15, 2011**

**Please read the following guidelines carefully before completing the application. If you have any questions, please call the Family Resource Center at 704-330-6246.**

This program has been funded by the State of North Carolina to assist community college students with their childcare needs. At CPCC, the funds are administered by the Family Resource Center.

**IMPORTANT: Please keep in mind that very limited funds are available for applicants for the Spring 2012 semester.**

PLEASE NOTE: Employees of CPCC are not eligible to apply for childcare assistance through this program. Work study is considered a form of financial aid, and recipients of this assistance may apply.

**Funding:** CPCC's Childcare Assistance Program is a very small program, and the college generally receives an amount of money which could assist about 20 students each year. Students accepted in this program are typically awarded assistance with 70% of their childcare costs, and the remainder of the cost is the student's responsibility.

### **Criteria used in Selecting New Recipients:**

Students need to have successfully completed a minimum of 12 credit hours at CPCC in order to be considered for this childcare assistance program. Only students taking college-level (regular curriculum) classes can apply. The Childcare Assistance Committee evaluates all applications based on these standards:

- Financial need
- Strength of their academic record
- Progress toward completing their program/degree
- Class schedule and course load

In addition, students may write a letter explaining any special needs or circumstances they would like for the selection committee to consider.

### **Selection of Childcare Recipients**

After the application deadline, the Committee meets to evaluate applications. Students already participating in the program and in good standing are awarded first when childcare assistance funds are available.

The committee ranks applications at their meeting. However, awards cannot be determined until information for the programs' funding status is available for the upcoming semester. In past years, notification about funding has sometimes not been made until after the beginning of the semester.

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**In order for this application to be considered, the following documents must be included. If one of these documents is not available, a note explaining the reason should be substituted.**

The CPCC documents below can be found on "My College". Please include:

- Financial Aid Award Letter
- Program Evaluation
- Copy of birth certificates of all children for whom childcare is being requested

Name \_\_\_\_\_ CPCC ID # \_\_\_\_\_  
Last First

E-mail address \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name of Employer \_\_\_\_\_ Hours working per week \_\_\_\_\_

Are you (place an X by the one that applies):

\_\_\_\_\_ Married \_\_\_\_\_ Single

\_\_\_\_\_ Divorced - Date: \_\_\_\_\_ \_\_\_\_\_ Separated - Date: \_\_\_\_\_

\_\_\_\_\_ Widowed - Date: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Number of children in the household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

### **CPCC Enrollment Status:**

Are you currently enrolled at CPCC? \_\_\_\_\_ If no, anticipated start date: \_\_\_\_\_

How many hours have you completed here at CPCC? \_\_\_\_\_ Transfer credits? \_\_\_\_\_

How many hours are you currently taking? \_\_\_\_\_ How many hours do you plan to take each semester? \_\_\_\_\_

Name of Program: \_\_\_\_\_ Have you been accepted into this program? \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Please list the courses for which you plan to enroll or are enrolled for the upcoming semester:

\_\_\_\_\_  
\_\_\_\_\_

### **Information about Financial Resources:**

Have you completed the Free Application for Federal Student Aid (FAFSA)? \_\_\_\_\_

Have you received your award notification? \_\_\_\_\_ If "yes," is it attached? \_\_\_\_\_

Federal Pell Grant: \$ \_\_\_\_\_ Federal Supplemental Educational Opportunity Grant: \$ \_\_\_\_\_

Federal Work-Study: \$ \_\_\_\_\_ Scholarship: \$ \_\_\_\_\_

Have you applied to Childcare Resources for assistance? \_\_\_\_\_

If "yes", note the status of your application: \_\_\_\_\_

(If "no", you should call 704-376-6697 to apply. Students who live outside Mecklenburg County should contact their Department of Social Services to learn more about county childcare programs.)

Please check each resource you are receiving assistance from:

\_\_\_\_\_ AFDC      \_\_\_\_\_ Food Stamps      \_\_\_\_\_ Workforce/Jobs      \_\_\_\_\_ Medicaid  
\_\_\_\_\_ Child Support (If "yes," how much per month? \$\_\_\_\_\_ )      \_\_\_\_\_ Public Housing  
\_\_\_\_\_ Veteran's Benefits (If "yes," how much per month? \$\_\_\_\_\_ )      \_\_\_\_\_ Loans

List any additional aid you are receiving: \_\_\_\_\_

**Information about Living Expenses:**

Do you rent or own your place of residence? \_\_\_\_\_ How much per month do you pay? \$\_\_\_\_\_

Do you have any other significant expenses per month? \_\_\_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_

Have there been significant changes in your income since last year? \_\_\_\_\_

If so, why?: \_\_\_\_\_

**Information about Children Needing Care:**

Please list the name and age of each of the children for whom you are requesting childcare assistance:

Name	Age	Date of Birth	Last 4 digits of Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do the children listed live with you? \_\_\_\_\_

If "no," please explain \_\_\_\_\_

Did you claim the listed children above on your federal tax returns? \_\_\_\_\_

If "no," please explain \_\_\_\_\_

**Type of Childcare Assistance Needed:**

# of children needing full time childcare? \_\_\_\_\_

# of children needing before school care? \_\_\_\_\_

# of children needing after school care? \_\_\_\_\_

**Each Child's Childcare Needs:**

1) Child's name: \_\_\_\_\_

Check which type of care is needed:

Full-time childcare? \_\_\_\_\_ Before-school care? \_\_\_\_\_ After-school care? \_\_\_\_\_

Cost per week of this childcare: (Please estimate if you do not know.) \_\_\_\_\_

If you know which childcare provider you would like to use, please list it: \_\_\_\_\_

Is your child currently enrolled with this provider? \_\_\_\_\_ Phone # of childcare provider: \_\_\_\_\_

If you are NOT using this provider, how is childcare currently being handled?  
\_\_\_\_\_

2) Child's name: \_\_\_\_\_

Check which type of care is needed:

Full-time childcare? \_\_\_\_\_ Before-school care? \_\_\_\_\_ After-school care? \_\_\_\_\_

Cost per week of this childcare: (Please estimate if you do not know.) \_\_\_\_\_

If you know which childcare provider you would like to use, please list it: \_\_\_\_\_

Is your child currently enrolled with this provider? \_\_\_\_\_ Phone # of childcare provider: \_\_\_\_\_

If you are NOT using this provider, how is childcare currently being handled?  
\_\_\_\_\_

3) Child's name: \_\_\_\_\_

Check which type of care is needed:

Full-time childcare? \_\_\_\_\_ Before-school care? \_\_\_\_\_ After-school care? \_\_\_\_\_

Cost per week of this childcare: (Please estimate if you do not know.) \_\_\_\_\_

If you know which childcare provider you would like to use, please list it: \_\_\_\_\_

Is your child currently enrolled with this provider? \_\_\_\_\_ Phone # of childcare provider: \_\_\_\_\_

If you are NOT using this provider, how is childcare currently being handled?  
\_\_\_\_\_

**In signing this application, I acknowledge that I am not an employee of CPCC, that I have read the guidelines on page one of these forms, and that the information I am submitting is accurate to the best of my knowledge. I understand that willfully providing any false information on this form will result in the immediate removal of my application for this assistance. I agree to allow committee members to contact faculty/staff regarding my academic progress as it relates to this application.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to: the Family Resource Center in Overcash 254, Central Campus or mail it to:  
Family Resource Center/Student Life  
Central Piedmont Community College  
P.O. Box 35009 Charlotte, NC 28235-5009

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