Washtenaw Community College

734-677-5105
4800 E Huron River Drive
Ann Arbor, MI 48105-4800

Off-Campus Child Care Scholarship Application

Fill out this form to apply for a scholarship that helps pay child care expenses at any licensed off-campus day care facility. Please complete front page of form, and child care provider completes back page.
You must have financial need as determined by your Free Application for Federal Student Aid (FAFSA.)

You may submit this form by returning it to the Student Resource Center in SC 206, emailing it to src@wccnet.edu, or faxing it to 734-677-5446 after your meeting with your assigned case manager.

To be completed by the student, please print in ink.

Name (Parent)		**Student ID number @**	**Semester**	
Phone number	**Work/cell number**		**Email address**	
Permanent address	**City**		**State**	**Zip code**

By applying for this scholarship, I certify that I understand and agree to the following:

- I must apply for federal financial aid by filling out the Free Application for Federal Student Aid (FAFSA.) Failure to do so will result in denial of assistance in future semesters.
- I'm required to report any changes in child care fees or additional income or assistance that I receive during the semester to the SRC.
- The scholarship is only good for the semester awarded, and I must reapply each semester in which I need assistance.
- The scholarship only covers hours that I'm attending classes at WCC. It does not cover study time.
- I must meet WCC's Satisfactory Academic Progress Standard.
- If approved, the scholarship will be issued to the provider 30 days after the semester's start date.
- I authorize the SRC to discuss my application and financial situation with other agencies or persons with knowledge of my finances.

Student signature	**Date**

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To be completed by the child care provider

Name of child **Age**

_____ _____
_____ _____
_____ _____

Anticipated total number of child care hours per week		**Student's total cost per week**	
Other anticipated child care aid (state, federal, or other)			
Payments should be made to		**If you accept VISA, initial here**	
Name of child care center	**Director's name**	**Child care center's license #**	
Name (as shown on your income tax return)		**Business name, if different from previous**	
Address	**City**	**State**	**Zip code**
Phone number			

Type of business

☐ Individual/sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company ☐ Other

Tax Classification

☐ Disregarded entity ☐ Corporation ☐ Partnership ☐ Exempt payee

Enter your Employer Identification Number (if you have one) or your Social Security number	
Signature of person providing information	**Date**

Office Use Only

Date of verification	Contact Name	Case manager signature