

## 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.

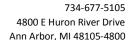
Name (Parent)		Student ID number @	Semester		
Phone number	Work/cell numb	Work/cell number		Email address	
Permanent address	City	City		Zip code	

## 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





To be completed by the child care	provider					
Name of child	Age	Age				
Anticipated total number of child care hours per week			Student's total cost per week			
Other anticipated child care aid (state, f	ederal, 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				<u> </u>		
Type of business						
☐ Individual/sole proprietor ☐	Corporation Partnership	Limite	d liability company	Other		
Tax Classification						
☐ Disregarded entity ☐ Corporation ☐ Partnership ☐ Exempt payee						
Enter your Employer Identification Numb	er (if you have one) or your Social Se	curity number				
Signature of person providing information			Date			
Office Hee Only						
Office Use Only	Contact Name	T 6-	and manager street			
Date of verification	Contact Name	Ca	Case manager signature			