

Isothermal Community College
Office of Financial Aid

Application for Childcare Funds
2006 – 2007

The funds for this childcare program come from an appropriation from the North Carolina General Assembly. The program is designed to assist student-parents attending community colleges throughout North Carolina. This is a block fund which means each community college is allotted a certain portion of the total appropriation. This is a limited fund and therefore **not all applicants** will receive assistance. If you are selected to receive assistance, you will be contacted in writing by Isothermal Community College.

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home - _____ Work - _____ Cell - _____

Major: _____ GPA: _____

Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated

Total number of family members: _____

Are you currently employed: ___ Yes ___ No Annual Income: \$ _____

If married, is your spouse employed: ___ Yes ___ No Annual Income: \$ _____

Have you applied for the Pell Grant: ___ Yes ___ No

Total untaxed Income (ex. Child support, Social Security, etc.) _____

Please check **all** of the following forms of assistance you are receiving:

- | | |
|--|--|
| <input type="checkbox"/> Pell Grant | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> AFDC |
| <input type="checkbox"/> Federal Work Study | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Other Childcare Assistance |
| <input type="checkbox"/> WIA or TAA | <input type="checkbox"/> Support from another person |

List names and ages for children who will be in childcare:

	<u>Name</u>	<u>Age</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Childcare Provider Information

Name of Provider: _____

Street Address of Provider: _____

City: _____ State: _____ Zip Code: _____

Cost Per Week: \$ _____

I certify that the information I am submitting on this application is accurate to the best of my knowledge. I understand this information may be verified. I understand that if I purposely give false information on this application, it will be considered invalid and I will not be considered for any of the childcare funds.

Student Parent's Signature

Date

To be considered for Child Care Funds You must:

- Have at least a 2.00 GPA if you are a returning student
- Resident of Rutherford or Polk County and be eligible for instate tuition
- Enrolled in at least 6 credit hours per semester