



TRI-COUNTY COMMUNITY COLLEGE

Childcare Grant Information

The North Carolina General Assembly allocates funds to assist student-parents with their financial responsibilities for childcare expenses so they may complete their educational goals. Tri-County Community College (TCCC) is annually awarded a limited amount of funds for the Childcare Grant. Due to the limited amount of funding, TCCC will only be able to pay a portion of the student-parent's childcare expenses.

ELIGIBILITY REQUIREMENTS

Students must demonstrate Financial Need to qualify for the Childcare Grant. To determine financial need, students must complete the Free Application for Federal Student Aid (FAFSA) **prior** to applying for the Childcare Grant.

- Students must be pursuing a curriculum course of study.
- Students must be enrolled at least half-time (6-8 credit hours) at Tri-County Community College. However, students who are enrolled full-time (12 or more credit hours) may be given priority for funding.
- Students who have previously participated in the Childcare Assistance Grant program may be given priority.
- Students must maintain Satisfactory Academic Progress (SAP) Standards according to Financial Aid Guidelines.
- Priority will be given to students who have not earned a degree.
- Priority will be given to students who do not receive other sources of childcare assistance.

HOW TO APPLY

- Complete the FAFSA application.
- Pick up an Application Packet from the Financial Aid Office.
- Submit completed Application Packet to the Financial Aid Office by the deadline. Late applications will be placed on a waiting list.

AWARD NOTIFICATION

Qualified students will meet with the Financial Aid Office to sign a contract.

- If students are not selected due to lack of funding, they will be notified and placed on a Waiting List.
- Students who are not eligible will be notified by letter.

STUDENT RESPONSIBILITIES

Students who are awarded Childcare Grant funds will be responsible for the following:

- Students will select their own NORTH CAROLINA LICENSED Childcare Facility. The Childcare Grant is not intended to be used to pay student's family members for childcare; therefore, only licensed facilities will be paid.
- Maintain SAP Standards according to Financial Aid Regulations.
- Submit monthly class attendance reports signed by ALL of the student's instructors.
- Submit monthly attendance reports signed by the Childcare Facility.
- Submit a monthly invoice provided by the Childcare Facility.
- Report to the Financial Aid Office any changes in the student's schedule. (i.e. withdrawing or dropping a class)
- Report to the Financial Aid Office any changes in marital status, address, phone number, etc.
- Report to the Financial Aid Office immediately, if the student begins receiving childcare assistance from other sources, such as any subsidies.

Please Note - It is the student's responsibility to return both attendance forms (student and child), and a monthly invoice, to the Financial Aid Office by the required date. If all required forms are not turned in on time, the student will be responsible for paying the childcare expenses for that month. If all required forms are not turned in on time for **two** months, the student's Childcare Grant will be **terminated** and awarded to the next person on the waiting list.

PROVIDER PAYMENTS

According to the regulations of the Childcare Grant, facilities cannot be paid in advance. Payment will be made on a monthly basis AFTER the services are rendered and all required forms are submitted to the Financial Aid Office.

TCCC will pay the Childcare Facility directly based on the information provided on the Attendance Report submitted from the childcare facility.

The Childcare Grant does not pay for any registration fees or fees incurred if the child is removed from the Childcare Facility without giving the required notification.

LENGTH OF FUNDING

Eligible students can receive the Childcare Grant for the length of their curriculum program, or until they have attempted the maximum number of hours allowed for their program (as defined by the Satisfactory Academic Progress (SAP) Maximum Timeframe rule). Other circumstances for extended funding will be considered on a case by case basis by the Financial Aid Committee.

Funding for this Grant is limited and subject to approval by the State Legislature. Because of this, not all students who apply will receive the Childcare Grant.

CHILD CARE GRANT APPLICATION

Date _____

Name _____ Student ID Number _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: Home _____ Cell _____ Work _____

Are you a North Carolina Resident? Yes No

Education Information

Are you a: First Time Student Continuing/Returning Student

What is your Program of Study? _____

How many hours do you plan to register for? _____ Fall _____ Spring

Will your classes be Online or On Campus? Online On Campus

Expected Graduation Date _____

Have you participated in the Tri-County Community College Childcare Grant before? Yes No

Childcare Assistance Information

Do you currently receive Childcare Assistance? Yes No

If yes, from who? _____ How much? _____

Have you applied for any other childcare assistance other than this grant? Yes No

If yes, which agency(s)? _____

Do you currently receive: Food Stamps AFDC/ADC Voc Rehab Child Support Other

If yes, please provide monthly amount received _____

Child(ren) Information

	Full Name	Date of Birth	Childcare Provider	Full/Part Time	Fees – Month/Week
Child 1					
Please indicate the relationship between you and child 1. <input type="checkbox"/> Biological or Legally Adopted Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other (please specify): _____					
Child 2					
Please indicate the relationship between you and child 2. <input type="checkbox"/> Biological or Legally Adopted Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other (please specify): _____					
Child 3					
Please indicate the relationship between you and child 3. <input type="checkbox"/> Biological or Legally Adopted Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other (please specify): _____					

I certify that the above information is true. I understand this is only an application for childcare services through Tri-County Community College Financial Aid Office and I may be required to provide documents which verify my financial need. I also understand that services depend on the availability of funds and the Financial Aid Office must authorize all arrangements and agreements before Childcare Grant services begin. I understand that I will enter into any childcare arrangement of my own free will. I will not hold Tri-County Community College responsible for any issues or injuries that may occur during childcare services. Also, I understand and agree to all of the student requirements and responsibilities for the Childcare Grant.

Signature of applicant _____ **Date** _____

If you have any questions or require additional information please contact: Katie Dockery kdockery@tricountycc.edu (828) 835-4260

For Office Use Only

Evaluation Date: _____ NC Resident? _____

FAFSA Complete? _____ Unmet Financial Need _____ Aid Awarded _____

SAP Status _____ GPA _____ Cmpl/Ratio _____ Degree Earned? _____

Hours Student Enrolled: Fall _____ At least HT? _____ Spring _____ At least HT? _____

Accepted _____ Wait List _____ Declined _____ Comments _____

Daycare Provider _____

Number of Children _____ Amount to be paid _____

Comments _____

**Childcare Grant
Childcare Provider Verification**

Student/Parent Name _____

Student ID number _____

Name of Childcare Provider _____

License Number _____

Contact Person Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

Childs Name _____

Childcare cost (week/month) _____

Childs Name _____

Childcare cost (week/month) _____

Childs Name _____

Childcare cost (week/month) _____

The above named Student/Parent has applied for a Childcare Grant at Tri-County Community College.
The information provided here will be used to help determine eligibility for this grant.

Childcare Provider Signature _____

Date _____