



## 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 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.

**Please Note** - Any childcare expenses paid on a student's behalf by Tri-County Community College through the NC Childcare Grant will be reported on the student's 1098-T tax form issued by TCCC. The tax information contained on the student's 1098-T will be furnished to the IRS by the College. NC Childcare Grant funds received may be taxable and may need to be reported on the student's tax return.

## **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
<b>Child 1</b>					
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): _____					
<b>Child 2</b>					
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): _____					
<b>Child 3</b>					
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](mailto: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 \_\_\_\_\_