Washtenaw Community College
734-973-3300
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. You must fill out part of the form, and the rest should be completed by your child care provider. 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 and Women's Center in SC 287, emailing it to Wcenter@wccnet.edu, or faxing it to (734)973-3692 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 SRWC.
- 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.
- I authorize the SRWC 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 MasterCard, 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