

On-Campus Child Care Scholarship Application

Fill out this form to apply for a scholarship that helps pay child care expenses at WCC's Children's Center. Please ensure your child is registered at the facility prior to applying for assistance.

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	
_____	_____	_____	_____	
Are you eligible for Department of Human Services assistance?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

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.
- I must pay the student portion of the child care bill, as indicated below, before the SRWC scholarship will be posted to my student account. If I fail to pay, the SRWC scholarship will be denied and I will not receive assistance in future semesters.
- 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
_____	_____

Office use only

Source	WCC Board of Trustees	Carl Perkins	Endowed funds : __ _____
Payments	SRWC staff signature	Date	
SRWC portion: \$ _____	Student portion: \$ _____		