

REGISTERED/LICENSED CHILD CARE PROVIDER INFORMATION

NAME OF CHILD CARE FACILITY _____

DIRECTOR OF CHILD CARE FACILITY _____

ADDRESS OF CHILD CARE FACILITY _____

TELEPHONE _____ COST _____
(Specify the weekly or monthly total)

I agree to promptly complete all necessary forms for my child in order to maintain child care.

I CERTIFY ALL INFORMATION IS CORRECT. I UNDERSTAND I MUST BE ENROLLED AT LEAST 12 CREDIT HOURS AND a 2.0 or higher Grade Point Average IN ORDER TO RECEIVE CHILD CARE ASSISTANCE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE FINANCIAL AID OFFICE IMMEDIATELY IF CREDIT HOURS DROP BELOW FULL-TIME (12 CREDIT HOURS). APPLICATIONS FOR ASSISTANCE MUST BE FILLED OUT YEARLY.

I UNDERSTAND THAT SHOULD I WITHDRAW OR STOP ATTENDING CLASSES, ALL ASSISTANCE WILL TERMINATE.

SIGNATURE _____ DATE _____ S

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Approved ___ Denied ___

Major: _____ GPA _____

Reason for Denial:

___ EFC ___ Not Enrolled ___ Less than 12 credit hours
___ Incomplete Application ___ No Pell Grant on file
___ Other _____