



**Continuing Education Division: Child Care Grant
Beaufort County Community College
Washington, NC 27889
Request for Wrap-Around Services**

Student Information

Name (First, MI Last) _____ Date : ____ / ____ / ____

Student ID # _____ Date of Birth: ____ / ____ / ____

Address _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Alternate Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Services Needed

Service	Vendor	Address	Phone Number
<input type="radio"/> Child Care			
<input type="radio"/> Housing			
<input type="radio"/> Transportation			
<input type="radio"/> School Supplies			
<input type="radio"/> Misc:			

*Up to \$175 per week is allowed for Child Care.

Certification and Authorization

To the best of my knowledge, I certify that the information provided on this application is correct. I understand that this information will be kept confidential.

I give the staff permission to provide information to the approved vendor to assist with my identified need

I give the staff permission to use my name and/or picture in BCCC-related media releases.

Student Signature _____ Date ____ / ____ / ____

Parent/Guardian Signature (if student is under 18 years old) _____ Date ____ / ____ / ____

For Staff Use:

Date Received: _____

Staff Signature: _____ Date: ____ / ____ / ____

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