



Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East Washington, NC 27889

T: 252.940.6222 F: 252.940.6393 finaid@beaufortccc.com

Child Care Grant Assistance Application

Student-parent are encouraged to apply for funds to help pay child care expenses while attending BCCC. Only student-parent whose child care expenses are not covered by other public agencies are eligible. Return completed application to the Beaufort County Community College Financial Aid Office. ***Incomplete applications will not be considered.***

Name _____ Student ID _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Program of Study _____ Expected Graduation Date _____

Please check one for each of the following:

Have you submitted the 2019-20 Free Application for Federal Student Aid (FAFSA)? Yes No

Marital Status:

- Single Married Separated Divorced Widowed

Current student enrollment status at BCCC:

- Full-time (12+ credits) Quarter-time (9-11 credits) Half-time (6-8 credits) Less than half-time (5 credits or less)

Are a portion of your child care expenses currently paid by another agency? (Ex. Social Services, Voc. Rehab, JTPA, etc.) Yes No

Please list the name, age and date of birth for each child living with you and for whom child care is required.

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of your need and why you should be considered for the Child Care Grant.

Name of Child Care Facility or Provider _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax Number _____

Average weekly child care expense: \$ _____

Please provide the following with this application:

- Copy of the birth certificate for each child to be covered by the grant
- Copy of the social security card for each child to be covered by the grant
- Copy of student BCCC registration statement for upcoming fall semester
- Copy of denial letter from Department of Social Services
- An official letter from the licensed child care provider verifying the child's enrollment or start date and the weekly rate for each child
- Copy of the child care provider's license

CERTIFICATION

I have read and fully understand the information required for the Child Care Grant Application and certify that the above information is true. I am aware that course attendance is mandated to remain eligible for funds and understand that verification of my class attendance will be required each month of the program. I understand the eligibility requirements and responsibilities of the Child Care Assistance Program as a participant. I understand that I will be responsible for any child Care costs exceeding payment paid by the grant. I hereby certify my willingness to participate in the Child Care Grant Assistance Program.

Student Signature

Date