



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

Childcare Grant Assistance Application

Student-parents are encouraged to apply for funds to help pay childcare expenses while attending BCCC. Only student-parents whose childcare 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 2024-2025 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 childcare 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 childcare is required.

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

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

Name of Childcare 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