



MONTGOMERY COMMUNITY COLLEGE

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OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

Federal School Code: 008087 <http://www.montgomery.edu/financial-aid-home.html>

State Child Care Grant Application 2017-2018

Complete both pages

Name _____

Mailing Address _____

Telephone #: (Home) _____ (Work) _____

Social Security Number _____

E-Mail Address _____

Marital Status: Married Unmarried (single, divorced, widowed, separated)

Current Curriculum (or anticipated curriculum) _____

Number of hours enrolled for this semester or plans to enroll for: _____

When do you expect to graduate? _____

Are you a day or evening student? Day Evening Both

How many seated credit hours are you enrolled for? _____

If you are enrolled for online classes, how many online credit hours are you enrolled for? _____

Check all that apply:

- I am not married. I am single, widowed, or divorced.
- I am married.
- I am separated from my spouse.
- I have worked primarily without wages to care for the home and family and therefore, I have diminished marketable skills.
- I have been on public assistance or on the income of a relative and no longer have that source of income.
- I am unemployed or underemployed and have difficulty obtaining employment or suitable employment.
How long have you been unemployed? _____

You are required to apply for child care subsidies through the Department of Social Services (DSS) in the county in which you reside. Please attach one of the following from DSS
(1)-Contract showing your monthly parent fee (2)- Letter stating you are on a waiting list (3)-Letter stating you are ineligible for assistance.

Number of children you need child care assistance for (circle one) 1 2 3 4

Name and ages of children:

Name and address of daycare you children are enrolled in or you plan to use:

Daycare Contact Person:

Telephone # of the Daycare:

Weekly Daycare charges: \$

Registration Fee: \$

It is mandatory you apply for the Free Application for Federal Student Aid (FAFSA) to be considered for the State Child Care Grant. Have you applied? Yes No

What types of assistance will you receive for this academic year? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Pell Grant | <input type="checkbox"/> WIA | <input type="checkbox"/> Federal Work-Study |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> VA Educational Benefits | <input type="checkbox"/> DSS other assistance |
| <input type="checkbox"/> DSS monthly child care parent fee: \$_____ | | |
| <input type="checkbox"/> Other | | |
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I certify that the above information is true. I understand that I may be required to provide documents which verify my financial need. I understand it is required I apply for the FAFSA to be considered for the State Child Care Grant. I received the State Child Care brochure and I understand the eligibility requirements, policies and procedures.

Signature of Applicant

Date

You will be contacted via e-mail as soon as your eligibility is determined by the financial aid office
