Haywood Community College
2024-25 Childcare Grant Application

Instructions: Complete this application and return it to the HCC Financial Aid Office. Include all supporting documentation for the grant/scholarship you are applying for.

Personal Information:

Full Name: _____ Student ID#_____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ E-Mail: _____

Program of Study: _____ GPA: _____ Expected Graduation Date: _____

How many credit hours do you plan to register for _____ Fall _____ Spring

Do you currently receive any child care financial assistance? _____
If yes, please provide from whom and monthly amount received: _____

Have you applied for childcare assistance through local social services agencies? _____

Child(ren) information you're requesting child care assistance for (no more than 2 children can be served by the grant):

	Full Name	**Date of Birth**	**Age**	**Childcare Provider**	**Fees - Month/Week**
Child 1					
Please indicate the relationship between you & child 1: ☐Biological or Legally adopted child ☐Other (please specify):					
Child 2					
Please indicate the relationship between you & child 1: ☐Biological or Legally adopted child ☐Other (please specify):					

Additional Information: Please provide all supporting documentation for the grant/scholarship.

- Name and address of childcare provider (this may be a person, business or organization). The business office requires a W-9 to be completed for payment.
- Invoice must be provided monthly for payment.
- Payment of funds are paid directly to the provider.
- The college may not pay for childcare in advance.

Acknowledgement and Certification: I have read and understand the requirements for assistance. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge. I understand that applying for this grant does not guarantee my approval for funding.

Applicant's Signature: _____ **Date: _____**