# Childcare Grant

The Childcare Grant Program at Frederick Community College helps eligible students who have young children pay for childcare while they are attending classes. Child Care Grants are awarded to eligible FCC students demonstrating financial need (see the back of this application for a list of eligibility requirements). Applicants can receive a grant up to $650 per child per semester. Employees of FCC are not eligible for this program.

Student Name: _____ Student ID#: _____
Last Name First Name

Current Address: _____

Current Address: _____
City State Zip Code

Phone 1: _____ FCC Email Address: _____@myfcc.frederick.edu

Phone 2: _____ Other Email Address: _____

Number of children you wish to enroll in childcare: _____ Semester: _____

- Name of Child: _____ Age: _____
  First Name Last Name
- Name of Child: _____ Age: _____
  First Name Last Name
- Name of Child: _____ Age: _____
  First Name Last Name

***Please select where you would like to use the Childcare Grant:***

☐ The Carl and Norma Miller Children's Center at Frederick Community College

☐ An Off-Campus Provider: _____
Name of Off-Campus Provider

_____
Address of Off-Campus Provider City State Zip Code

By signing below, I certify that the information in my application is true and correct:

☐ I certify that the information provided is true and correct and that if I purposely give false or misleading information on this form it may result in the forfeiture of future awards from this program.
☐ I understand I may be contacted to provide additional information and failure to respond may delay my application review.
☐ I understand my personal information, including but not limited to GPA, financial information and class schedule may be released to offices collaborating to award the Child-Care Grant.
☐ I understand that if this grant is awarded, any funds I receive from the FCC Foundation may impact my financial aid.
☐ I have read and understand the ***Eligibility Requirements*** and ***Required Documentation*** listed on the back of this application.

_____ _____
Applicant's Signature Date

**Child Care Grant Awards:**

The amount of the award depends on the child-care provider, number of children, applicant's enrollment status, and the availability of funding.

- Carl and Norma Miller Children's Center
  - Eligible for $650.00 per child – Applicant enrolled full-time (12 or more credits at FCC)
  - Eligible for $325.00 per child – Applicant enrolled part-time (less than 12 credits)
  - Maximum award $1,950 per semester

- An Off-Campus Childcare Provider
  - Eligible for $500.00 per child – Applicant enrolled full-time (12 or more credits at FCC)
  - Eligible for $250.00 per child – Applicant enrolled part-time (less than 12 credits)
  - Maximum award $1,500 per semester

**Eligibility Requirements:**

- Applicant must be enrolled as a student at FCC in the semester for which they are requesting assistance (fall, spring or summer only).
- Applicant must have children who are currently enrolled or have been approved for enrollment at the Carl and Norma Miller Children's Center at Frederick Community College OR are enrolled with a licensed Child-Care Provider/Child-Care Center.
- Applicant must be in good standing.
- Applicant must have demonstrated financial need.
- Applicant must have a current FAFSA on file at FCC
- Applicant must be eighteen years of age or older.
- Children must be applicant's legal dependents.
- The child-care provider cannot be a parent of the child.

**Required Documentation:**

- Completed Application including
  - Section A (Completed by a representative from the Carl and Norma Miller Children's Center)
    OR
  - Section B (Completed by Off-Campus Child-Care Provider)
  - IRS Form W-9 completed by Off-Campus Child-Care Provider

- Student Account Summary
- Proof of enrollment at FCC

Frederick Community College Foundation, Inc.

**Return this form with copies of all required documentation to:**

Michael Thornton, Scholarship Program Manager
Frederick Community College Foundation
Annapolis Hall, Room A200A
7932 Opossumtown Pike, Frederick, MD 21702
Main: 301-846-2438
Office: 301-624-2851
Fax: 301-624-2797

***Childcare Grants are made possible by generous gifts to the FCC Foundation. For more information, go to www.frederick.edu/foundation***

# Childcare Grant

## SECTION A

**Completed by a representative from the Carl and Norma Miller Children's Center (Please use ink)**

**Carl and Norma Miller Children's Center Statement**

*I certify that the applicant has children who are currently enrolled or have been approved for enrollment at the Carl and Norma Miller Children's Center at Frederick Community College.*

Children's Center Staff Name (*Please print*): _____

Children's Center Staff Signature: _____

Phone: _____ Date: _____

Name(s) of Applicant's children under your care:

Name of Child: _____ Age: _____
First Name Last Name

Name of Child: _____ Age: _____
First Name Last Name

Name of Child: _____ Age: _____
First Name Last Name

Childcare Provider Comments (Optional):

# SECTION B

**Completed by Off-Campus Childcare Provider Only (Please use ink)**

Provider's/Childcare Center Name: _____

Provider's Relationship to Student/Applicant (if any): _____

Provider's Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Name(s) of Applicant's children under your care:

Name of Child: _____ Age: _____
First Name Last Name

Total Hours Child Care Per Week: _____ Amount Charged Per Week: _____ Date Childcare Started: _____

Name of Child: _____ Age: _____
First Name Last Name

Total Hours Child Care Per Week: _____ Amount Charged Per Week: _____ Date Childcare Started: _____

Name of Child: _____ Age: _____
First Name Last Name

Total Hours Child Care Per Week: _____ Amount Charged Per Week: _____ Date Childcare Started: _____

Check one:

- ☐ I am a licensed home childcare provider. License number: _____
- ☐ I represent a licensed childcare center. License number: _____
- ☐ I am not a licensed childcare center or provider.

*By signing below, I certify that the information provided in Section B is true and correct and that if I purposely give false or misleading information on this form it may result in the applicant's forfeiture of future awards from this program.*

*I promise to provide additional documentation if necessary, including confirming the above information when contacted by the FCC Foundation staff.*

Provider/Staff Name (*Please print*): _____

Provider/Staff Signature: _____