

HILLSBOROUGH

Community College

2008-2009

APPLICATION FOR FINANCIAL AID CHILD CARE ASSISTANCE AWARD

YOU MAY QUALIFY FOR FINANCIAL AID TO ASSIST YOU WITH CHILDCARE EXPENSES

If you have a child(ren) attending daycare and you are attending Hillsborough Community College for a minimum of 6 credit hours per semester and qualify to receive financial aid, please complete and return this application to your home campus Financial Aid Office. If your child is at an off-campus child care facility, please provide documentation (on company letterhead or from a licensed child care provider) of their license number and your childcare costs. Due to the funding level for this program, priority is given to students whose financial aid files are complete.

NAME: _____ SSN: _____

ADDRESS: _____

DAYTIME TELEPHONE NUMBER: _____

NUMBER OF CHILDREN ATTENDING CHILD CARE: _____

DO YOU QUALIFY FOR YOUR CHILD TO USE THE ON-CAMPUS DAY CARE FACILITY CURRENTLY AT DALE MABRY or YBOR CAMPUS? YES _____ OR NO _____

IF YES, PLEASE HAVE MS. ROBIN PENTZ (YBOR CAMPUS) OR MS. THERESA FERNANDEZ-SEUFERT (DALE MABRY CAMPUS), EARLY CHILDHOOD COORDINATORS, SIGN BELOW GIVING AUTHORIZATION TO AWARD THE ON-CAMPUS CHILD CARE AWARD
(SKIP TO THE SIGNATURE SECTION OF THIS FORM)

NAME OF OFF-CAMPUS CHILDCARE PROVIDER: _____

ADDRESS OF CHILDCARE PROVIDER: _____

TELEPHONE OF CHILDCARE PROVIDER: _____

WEEKLY COST OF CHILDCARE PER CHILD: _____

Submit this form with your letter from the Off Campus Child Care Provider, or with Robin Pentz (Ybor Campus) or Theresa (Terry) Fernandez-Seufert (Dale Mabry Campus) for the On-Campus Early Childhood Coordinator, signature affixed.

Signature of Student: _____ Date Signed: _____

Signature of Ms. Pentz or Ms. Fernandez-Seufert: _____ Date Signed: _____

Date submitted to the Financial Aid Office: _____

Priority Submission Date 9/8/08
(Additional Applications accepted if funds are available)