2009-2010 APPLICATION FOR FINANCIAL AID CHILD CARE ASSISTANCE AWARD

YOU COULD 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 term and qualify to receive financial aid, please complete and return this application to your home campus Financial Aid Office. Due to limited funding, priority is given to students whose financial aid files are complete and received by the deadline date noted below. Completing this application does not guarantee you will receive an award.

NAME: ____________________________________________   Student ID#: _______________________________

ADDRESS: ______________________________________________________________________________________

City                             State               Zip Code

DAYTIME TELEPHONE NUMBER:___________________________________________________________________

NUMBER OF CHILDREN ATTENDING CHILD CARE:__________________________________________________

DO YOU QUALIFY FOR YOUR CHILD TO USE THE ON-CAMPUS CHILD CARE FACILITY CURRENTLY AT DALE MABRY or YBOR CAMPUS?                             YES ________ (IF YES, COMPLETE SECTION I) OR NO _______ (IF NO, COMPLETE SECTION II)

I. ON-CAMPUS CHILD CARE: Please have Ms. Robin Pentz (Ybor Campus) or Ms. Theresa Fernandez-Seufert (Dale Mabry Campus), Early Child Care Coordinators, sign below confirmation that your child is enrolled at one of HCC’s Child Care Facility.

Signature of Ms.  Pentz or Ms.  Fernandez-Seufert:_____________________________________

Date Signed:________________________________________________________________

II. OFF-CAMPUS CHILD CARE SERVICES: If your child is at an off-campus child care facility, please provide documentation (on company letterhead or from a licensed child care provider) that validates your child’s enrollment at a licensed day care establishment and the weekly accessed child care costs.

   a. NAME  OF  OFF-CAMPUS  CHILDCARE  PROVIDER:  __________________________________________________________________

   b. ADDRESS  OF  CHILDCARE  PROVIDER:  __________________________________________________________________

   c. TELEPHONE  OF  CHILDCARE  PROVIDER:  __________________________________________________________________

   d. WEEKLY COST OF CHILDCARE PER CHILD:  __________________________________________________________________

Signature of Student:   ____________________________________________   Date Signed:  _____________

Date submitted to the Financial Aid Office: _____________________________________________

Application Deadline Date 6/1/09      (Additional Applications accepted if funds are available)

Revised 2/12/09