

CHILD CARE GRANT SUMMER 2020-2021

The Child Care Grant is designed to *provide financial assistance to Pasco-Hernando State College students for child care costs while attending college*. The program is based upon eligibility for financial aid.

For the Summer term 2021-3, 3A & 3B, PHSC may be able to award up to **\$650 (up to 2 children, second child award reduced 10%)** to students who can document child care costs. To be considered eligible for these funds, students must meet the following criteria:

- Minimum of 3 credits hours for summer semester and a cumulative GPA of 2.0.
- Must complete a FAFSA and have an Expected Family Contribution (EFC) of **0 – 2,500** on the Student Aid Report for 2020-2021.
- Provide proof of current child care costs incurred by submitting the following information:
Signed contract or letter from the licensed child care provider including the name, address, phone number, and license number of the facility, and include child's start date, person responsible for payment, and the weekly or monthly rate paid by applicant.
- Must specify the names of the child(ren) – no more than two names, please.
- If the child care costs are paid partially by a social, federal or state agency (i.e. Early Learning Coalition), your award may be adjusted to account for those contributions.
- If you requested Federal Student Loans, they may be reduced to prevent potential financial aid over-awards.
- ***Students attending the New Port Richey campus must use the Great Hope Preschool Center at PHSC.***

Awards are subject to verification of required documents and the availability of funds. Awarding will commence after add/drop period is over. If you feel you meet the above criteria, **please complete the attached application and return it to your campus Financial Aid Office.**

PRIORITY DEADLINE TO RETURN THIS APPLICATION
June 25, 2021

2020-2021 SUMMER CHILD CARE GRANT APPLICATION

Eligibility criteria:

- Student must enroll in a minimum of 3 credit hours in **summer term** and have a 2.0 GPA to receive these funds.
- Have a **0 – 2,500** Expected Family Contribution (EFC) with remaining need.
- Program is based upon priority awarding (funds are limited, thus, files completed first will be considered first.)
- Award amount may be up to \$650.00 for the summer terms 2021-3, 3A or 3B.

Name: _____	ID No: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Telephone #: _____
Name and age of child(ren) receiving child care services (Limit 2):	
<u>NAME</u>	<u>AGE</u>
_____	_____
_____	_____
Name of child care provider: _____	
Address of child care provider: _____	
Telephone # of child care provider: _____ Lic. #: _____	
<p>I _____ hereby give permission for PHSC financial aid personnel to contact the above provider to request the necessary enrollment information for my child(ren) listed above .</p>	
Parent signature _____	Date _____

1. Mark the category that most closely represents the number of hours that you plan to be employed in the term for which you are applying. Include work-study and student assistant programs.

<input type="checkbox"/> Not employed during this time	<input type="checkbox"/> 1–10 hrs. per wk.
<input type="checkbox"/> 11-20 hrs. per wk.	<input type="checkbox"/> 21-30 hrs. per wk.
<input type="checkbox"/> 31-40 hrs. per wk.	<input type="checkbox"/> 40 or more hrs. per wk.
2. What is your marital status?

<input type="checkbox"/> Single (never married)	<input type="checkbox"/> Married	<input type="checkbox"/> Separated/Divorced	<input type="checkbox"/> Widowed
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3. If you are married, does your spouse attend PHSC?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. How many children normally live with you?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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To assure proper disbursement of funds, students are required to submit a signed contract from the licensed child care provider. The document must specify the name of the child(ren), name of the licensed child care provider, their license number, the costs associated with the child care services (weekly, bi-weekly, monthly), time period of requested child care services, and the responsible party for payment of the child care services. Attach the documents to this application. Contact your campus Financial Aid Office for further details.