

**Haywood Community College**  
**2026-27 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:**

Student 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 childcare 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 are requesting childcare assistance for (no more than 2 children can be served by the grant):

	Child's Full Name	Date of Birth	Age	Childcare Provider	Provider Fee Per week/month	Is child Adopted	Your Relation To Child
Child 1							
Child 2							

**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:** \_\_\_\_\_