Haywood Community College 2023-2024 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.

Pers	sonai information:					
Full Name: Student ID#						
Hom	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 child care 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're requesting child care assistance for (no more than 2 children can be served by the grant):						
	Full Manna	Date of	A	Children Bresiden	Fees -	
Child L	Full Name	Birth /	Age	Childcare Provider	Month/Week	
ease indicate the relationship between you & child 1: Biological or Legally adopted child □Other (please specify):						
Child 2			•			
Please indicate the relationship between you & child 1: □Biological or Legally adopted child □Other (please specify):						
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. 						
that		orm is complet	e an	understand the requirements for assistance. I d correct to the best of my knowledge. I under or funding.		
Applicant's Signature: Date:						