

SouthWest Skill Center

Child Care Assistance Program Application

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total 2006 Family Income: \_\_\_\_\_ Number of people in household (including applicant): \_\_\_\_\_

Program of Study: \_\_\_\_\_ Total Program Hours: \_\_\_\_\_ Clock Hours Per Week: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Estimated Program End Date: \_\_\_\_\_

Program Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Please provide the name and age of all eligible children this assistance award program will benefit:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

Name of child care provider\* \_\_\_\_\_

Child care provider phone number \_\_\_\_\_

**\*Applicants may be required to provide proof of child care provider's license information by the Arizona Department of Health Services or Arizona Department of Economic Security.**

Child care assistance will be awarded to students based on substantial financial need and residency status. Students must be United States Citizens or under legal immigration status to qualify for funding (per Proposition 300, passed by Arizona voters in November 2006). **Applicants must use a third party child care provider licensed by the Arizona Department of Health Services or Arizona Department Economic Security. Applicants must submit documents that verify income. For example: Federal income tax form 1040 for 2006, W-2 forms, check stubs and benefits eligibility letters (AFDC, Social Security, SSI) and a birth certificate for all eligible children.** If you are unable to provide documentation, please contact the office of student life.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Estrella mountain Community College, one of the Maricopa Community Colleges, does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, handicap/disability, age, Vietnam era/ disabled veteran status in employment or in the application, admission, participation, access and treatment of persons in instructional programs and activities.

**Child Care Assistance Award Criteria**

Assistance will be awarded based on financial need. If you qualify based upon the following criteria, you can apply for child care assistance. Assistance will be awarded on a first come first serve basis until funds are depleted. The maximum amount of child care assistance is \$1,920 for the entire length of the enrolled program.

<u>Household Size*</u>	<u>Income</u>
1	\$0-\$19,290
2	\$0-\$26,040
3	\$0-\$30,410
4	\$0-\$39,606
5	\$0-\$47,676

\*For any additional dependent beyond five, add \$6,360 per person.

**Child Care Assistance Award**

The amount of financial aid assistance that will be granted is based upon the number of clock hours completed per week. Students completing 16-35 clock hours per week will be awarded on a monthly basis for a maximum award of \$1,920 per program.

<u>Clock Hours</u>	<u>One Child</u>	<u>Two Children</u>	<u>Three Children</u>
16-35	\$1.50/clk hr.	\$2.25/clk.hr.	\$3.00/clk.hr

Students receiving funds from SouthWest Skill Center Child Care Assistance Program will be subject to the following criteria.

- You must be enrolled in a certificate program of 600 clock hours or more.
- You must maintain Satisfactory Academic Progress and attendance levels. In the event that you fail any portion of the program and are recycled, your child care assistance will be terminated and you will be required to reapply, if funds are available.
- You will be required to provide child care receipts on a monthly basis, failure to do so will result in termination of assistance.

**FOR OFFICE USE ONLY**

Date Stamp: \_\_\_\_\_ Child Care Assistance Awarded? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Household size: \_\_\_\_\_ Number of Eligible Children: \_\_\_\_\_  
 Financial Need? Yes \_\_\_\_\_ No \_\_\_\_\_ Current Clock Hours: \_\_\_\_\_

Third party child care license by the Arizona Department of Health Services or the Arizona Department of Economic Security? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_