Checklist for Day Care Assistance Program

Please bring these items back with you to the Career Center:

☐ Application
☐ Financial Aid Award Letter (Pell Grant) or Government Assistance cards*
☐ Current Class Schedule
☐ Vocational or Technical Major at Midland College
☐ Full-time Enrollment with 75% of the courses on a Midland College campus
☐ Licensed or Registered Day Care facility from list provided by the Career Center
☐ Signed letter from daycare provider itemizing the total cost of daycare for each month of the semester in which you are enrolled

*WIC, TANF, TRC, Medicaid, Food Stamps, Other

Once in the program, the following helps maintain your eligibility:

☐ Orientation in the Day Care Program
☐ Submit Monthly Blue Cards in Person or Ask Your Professor to Email to Us
☐ Maintain a Minimum 2.0 GPA
☐ If your daycare provider changes, you must let us know as soon as possible
☐ If your enrollment status changes below full time, you must let us know

If you have any questions or concerns, please feel free to contact me at 685-5525 or stop by my office in the Midland College Alison Fine Arts Building, Room 110.

Laurel Clement
Career Center Coordinator
Child Care Assistance Application

Semester You Are Enrolled: ________ Year You Are Enrolled: ________

Name_________________________________________ Student ID____________________

Last First (Please do not use your Social Security Number)

Address_____________________________________ City__________________ Zip_____

Home Phone_______________________ Cell Phone________________________________

Email_________________________________________________________

Vocational Major_________________________________ Hours Enrolled____

Please Check One Please Check All That Apply Please Check Assistance Needed
Freshman___ Sophomore___ Single Parent___ Displaced Homemaker___ Full-time____ Part-time____

List Children’s names and ages: ______________________________________________________

Day Care Facility_________________ Phone________________ Fax____________________

Address_________________________________ City__________________ Zip_____

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/House Payment</td>
<td>Salary/Yours</td>
</tr>
<tr>
<td>Water</td>
<td>Salary/Spouse</td>
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<tr>
<td>Gas</td>
<td>Child Support</td>
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<tr>
<td>Phone</td>
<td>Family Help</td>
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<tr>
<td>Electricity</td>
<td>Total</td>
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<tr>
<td>Car Payment</td>
<td>Financial</td>
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<tr>
<td>Gasoline</td>
<td>Scholarships</td>
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<td>Food</td>
<td>Pell Grant</td>
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<tr>
<td>Medical Expenses</td>
<td>Educational Loans</td>
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<tr>
<td>Charge Accounts</td>
<td>WIA</td>
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<tr>
<td>Child Care Costs</td>
<td>TANF</td>
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<tr>
<td>Insurance</td>
<td>TRC</td>
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<tr>
<td>Other</td>
<td>Medicaid</td>
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<td></td>
<td>Housing Assistance</td>
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<td>Social Security</td>
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<td></td>
<td>Food Stamps</td>
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<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

Documentation Attached

Class Schedule __________________________ Financial Aid __________________________

Degree Plan __________________________ Other __________________________

Total __________________________

I verify that the above listed information is true and correct. I understand any false statements will jeopardize my assistance by Midland College. I understand I must complete an application each semester for continued assistance. I give consent for release of information to measure my progress. Yes___ No___ Child Care Assistance is for fulltime technical/vocational students with a demonstrated financial need. If your enrollment falls below fulltime status you are to notify this office immediately; this office will periodically check enrollment status of participants. Your assistance may be revoked or reduced if fulltime status is not maintained. At least 75% of course work needs to be on campus, not web-based, to count toward enrollment requirements. You are required to file Attendance and Progress Verification Cards with us three times during the semester. Failure to comply with these requirements may disqualify you from future assistance. I understand the terms of the Child Care Assistance program and agree to the terms as stated above.

_________________________  __________________________  __________________________
Student Signature          Date                          Staff Initial
Date: _____________

Name of Day Care: ____________________________________________
Address of Day Care: __________________________________________

Dear Day Care Provider:

To release federal funds to daycare providers, Midland College Day Care Assistance Program must have a list of total monthly tuition for the child(ren) along with a signature from the daycare provider. This courtesy form helps you submit that information on one page, and the monthly breakdown of daycare tuition allows us to more accurately calculate the portion Midland College pays directly to you. If the student is approved for this program, Midland College pays approximately 25% to 50% of the tuition for the time the student is enrolled:

For the Fall Semesters:

Total Monthly Tuition for August:    $________________________
Total Monthly Tuition for September:    $________________________
Total Monthly Tuition for October:    $________________________
Total Monthly Tuition for November: $________________________
Total Monthly Tuition for December: $________________________

Signature of daycare provider: __________________________________________/ Date: _____________

Thank you,

Louise Powell
Career Center Clerk