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 Document presenting NEED* such as the following: Veteran Education Benefits, Tuition Waiver, WIC, TANF, TRC, Medicaid, Food Stamps, etc.
- Current Class Schedule
- CTE 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 (provided)

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

Orientation in the Day Care Program
The student must Ask Your Professor to send E-mail to lpowell@midland.edu of Your status of Passing/Falling Monthly (daycare provider will not be paid until e-mail is received).
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 685-5524 or stop by my office in the Midland College Scharbauer Student Center Building, Room 237.

Louise Powell
Career Center Specialist
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______________________________________________________________________________________

CTE 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________

Monthly Expenses

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Monthly Income</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/House Payment</td>
<td>$_________</td>
<td>Scholarships</td>
</tr>
<tr>
<td>Water</td>
<td>____________</td>
<td>Pell Grant</td>
</tr>
<tr>
<td>Gas</td>
<td>____________</td>
<td>Educational Loans</td>
</tr>
<tr>
<td>Phone</td>
<td>____________</td>
<td>WIA</td>
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<tr>
<td>Electricity</td>
<td>____________</td>
<td>TANF</td>
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<tr>
<td>Car Payment</td>
<td>____________</td>
<td>TRC</td>
</tr>
<tr>
<td>Gasoline</td>
<td>____________</td>
<td>Medicaid</td>
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<tr>
<td>Food</td>
<td>____________</td>
<td>Housing Assistance</td>
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<tr>
<td>Medical Expenses</td>
<td>____________</td>
<td>Social Security</td>
</tr>
<tr>
<td>Charge Accounts</td>
<td>____________</td>
<td>Documentation</td>
</tr>
<tr>
<td>Child Care Costs</td>
<td>____________</td>
<td>Class Schedule</td>
</tr>
<tr>
<td>Insurance</td>
<td>____________</td>
<td>Financial Aid</td>
</tr>
<tr>
<td>Other</td>
<td>____________</td>
<td>Degree Plan</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$_________</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Documentation Attached

Class Schedule               Financial Aid                Degree Plan

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 funded through Carl D. Perkins Grant 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 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 November: $_______________________

Signature of daycare provider: ___________________________________/ Date: ____________

Thank you,

Louise Powell
Career Center Specialist
Date: _____________

Name of Day Care: __________________________________________
Address of Day Care: _________________________________________

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For the Spring Semesters:

Total Monthly Tuition for January:      $________________________
Total Monthly Tuition for February:     $________________________
Total Monthly Tuition for March:        $________________________
Total Monthly Tuition for April:        $________________________
Total Monthly Tuition for May:          $________________________

Signature of daycare provider: _______________________________ / Date: _____________

Thank you,

Louise Powell
Career Center Specialist