

## 2015/16 Michigan Special Populations Child Care Scholarship Application

**IMPORTANT:** Read instructions before completing application. Incomplete applications will not be processed.

- Step 1 – Student completes Section A and gives form to child care provider.  
 Step 2 - Child care provider completes Section B and returns form to student.  
 Step 3 – Student submits application to Single Parent Coordinator.  
 Step 4 – Single Parent Coordinator completes Section C and notifies student of award.

### SECTION A - Completed by Student

1. Name (Last, First, Middle)		
2. Social Security Number	3. Date of Birth	4. County of Residence
5. Permanent Home Address		6. Telephone Number
7. City, State, Zip Code		8. Email Address
9. College Currently Attending		10. Michigan Resident Yes    No
11. Citizenship (check one)  <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Non- Citizen	12. Are you and/or any of your dependents receiving MFIP (Department of Human Services) benefits?  <input type="checkbox"/> No <input type="checkbox"/> Yes (please list names of all MFIP recipients and attach documentation from county social services or Work First.	
13. Are you (check one)  <input type="checkbox"/> Married <input type="checkbox"/> Not Married (divorced, single, widowed) <input type="checkbox"/> Separated	14. What is your total family income?	
15. Number of persons in family	16. Number of children 12 years of age or younger receiving childcare	17. Number of children who require special services
18. Are you or the other parent receiving child care assistance from some other source? (see instructions) <input type="checkbox"/> no <input type="checkbox"/> yes (If yes, please identify source and attach documentation of assistance you are receiving)		
19. Have you earned a baccalaureate degree? <input type="checkbox"/> No <input type="checkbox"/> Yes How many terms of post-secondary education have you attended?		
20. Indicate the number of credits for which you intend to register:  _____ Fall Term      Winter Term      Spring/Summer Term		
<p>I understand and accept the obligation to provide a written report to the school of any changes in information provided on this application within 10 days of the change. Changes may include, but are not limited to, my enrollment, family size, family income, receipt of MFIP or other benefits, hours of child care, changes in provider rates, etc.</p> <p>I understand that the Michigan Special Populations Child Care Scholarship is paid directly to my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes. I give permission to the Occupational Student Success Program Coordinator to contact my child care provider(s) to verify the information provided on this application and to report my child care award to my county social service agency if I receive MFIP benefits or other child care assistance during this academic school year.</p> <p>I give permission to the county social service agency to release to the Occupational Student Success Program Coordinator the amount and terms of any MFIP or other child care benefits I receive during any semester I am receiving a childcare scholarship from the Child Care Grant Program. I also give my provider permission to verify the information in the Provider's Section when contacted by the Single Parent Coordinator.</p> <p>I declare that the other parent or legal guardian of my child/children is not capable or available to care for my child/children during the hours for which I have requested an award from the Child Care Grant Program.</p> <p>I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Child Care Grant Program Scholarship and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both; and such action may result in the forfeiture or repayment of future awards from this program.</p>		
Student's Signature		Date

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**SECTION B - Completed by Child Care Provider (Please use ink or type)**

Child's Name	Child's Age	Total Hours Child Care Provided Per Week	Hourly Rate	Weekly Rates	Child Care Assistance From Other Sources *
			\$	\$	\$ Source
			\$	\$	\$ Source
			\$	\$	\$ Source
			\$	\$	\$ Source

\*Please list child care assistance paid to provider from other sources such as MFIP or other assistance programs.

Child Care Center / Provider's Name	Relationship to Student (if any)
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Provider's Address
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Provider's Phone Number Provider's Email Address	Provider's Phone Number Provider's Email Address
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Check one of the following:

- I am a licensed child care provider. License number \_\_\_\_\_
- I am at least 18 years of age and legally exempt from day care licensure. Under the exempt status I will care only for my own children and/or the children of the student listed on this application.
- I represent a latch-key program which has a contract with a school district to provide child care for school age children.

**Provider Certification**

I certify that the information provided in Section B is true and correct and promise to provide additional documentation if necessary, including confirming the above information when contacted by Occupational Student Success Program Coordinator or the college financial aid administrator. I understand my obligation to immediately report any changes to the information provided in the above chart to the student's financial aid administrator. I understand that I cannot charge a Michigan Special Populations Child Care Scholarship recipient a higher rate for services than the rates charged to other clients who are not recipients. I understand that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both.

Provider Signature	Date
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**SECTION C - Completed by O Coordinator**

Award Information Fall Term Award	Winter Term Award	Spring/Summer Term Award	Total for Academic Year
\$	\$	\$	\$

Student's Total Income from FAFSA \$ _____	Student's Family Size from FAFSA _____
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Additional Comments/Grant Source	MSPCC	GOCC Foundation
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Institution Name:  Glen Oaks Community College
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Signature of Occupational Student Success Program Coordinator	Date
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