Program Eligibility Requirements:

- Parent of at least one child under 18 and for whom you are financially responsible and who are living in your household.
- Cumulative GPA at least 2.0. If this is first quarter at any college, minimum GPA is waived.
- Enrolled in college level credit-bearing classes and a minimum of 5 credits.
- Demonstrated financial eligibility.
  - Approved for FAFSA; OR
  - Receiving Working Connections* subsidy; OR
  - Prior year tax return Adjusted Gross Income meets 175% OF federal poverty guidelines found at [http://aspe.hhs.gov/poverty](http://aspe.hhs.gov/poverty) for current year.
- If receiving other assistance with child care expenses such as Working Connections*, Milk Fund, etc., award amount is adjusted (see chart below).

*The Working Connections Child Care is a subsidy issued through DSHS.

Conditions:

- Application must be completed quarterly.
- Tuition must be paid current at the time the award is made.
- Child care provider must be licensed or part of public school system before/after care.
- Any student on the award committee will abstain from the decision making process for their own application, if they have submitted one.
- If awarded, funds will be loaded to Higher One card.
- Applications are reviewed throughout the quarter on a first-come first-served basis as funding remains available and awards are subject to Financial Aid determination of need.

Process:

Awards will be processed as follows on a first-come, first-served basis to eligible students that meet all conditions:

<table>
<thead>
<tr>
<th>Award Amount for Spring 2015</th>
<th>Standard</th>
<th>Working Connections</th>
<th>Receiving Other Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation for each child age 0-4</td>
<td>$1,000</td>
<td>Co-pay only</td>
<td>$800 minus amount of other assistance</td>
</tr>
<tr>
<td>Allocation for each child age 5-12</td>
<td>$700</td>
<td>Co-pay only</td>
<td>$500 minus amount of other assistance</td>
</tr>
<tr>
<td>Allocation for each child age 13-17</td>
<td>$400</td>
<td>Co-pay only</td>
<td>$200 minus amount of other assistance</td>
</tr>
</tbody>
</table>

Students will be notified by email about decision and award amount.
NAME______________________________ STUDENT ID#________________________________
ADDRESS________________________________ CITY________________ STATE____ ZIP_________
PHONE_________________ EMAIL__________________________________________________________

NAME OF EACH CHILD UNDER 18
IN YOUR HOUSEHOLD AGE OF CHILD CHECK IF REQUIRES CHILDCARE
______________________ __________ O
______________________ __________ O
______________________ __________ O
______________________ __________ O

Will you receive assistance to pay for child care from another source this quarter? ___No ___Yes (If yes, explain below):
__________________________________________________________________________________________________________________________________________________________________________

If you are receiving child care funding assistance from Working Connections, please provide the amount of your monthly co-pay: $___________
If you are receiving child care funding assistance from any other source (for example, Milk Fund), please provide the amount you will receive this quarter: $___________

THE FOLLOWING OPTIONAL INFORMATION IS EXTREMELY HELPFUL FOR REPORTING PURPOSES:

Marital Status: ___Single ___Married Gender: ___Male ___Female
Birth Date: ______________

Ethnic Origin:
_____Asian/Asian American _____African/African American _____Caucasian/White
_____Latin American/Hispanic _____Alaskan Native/Native American _____Other (Specify) __________

Seattle Central College is committed to the concept and practice of equal opportunity, and does not discriminate on the basis of race or ethnicity, color, age, national origin, religion, marital status, sex, gender, sexual orientation, Vietnam-era or disabled veteran status, political affiliation or belief, citizenship / status as a lawfully admitted immigrant authorized to work in the United States, or presence of any physical, sensory, or mental disability, except where a disability may impede performance at an acceptable level.

I CERTIFY THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHILD (REN) LISTED ABOVE AND THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

________________________________________________________
SIGNATURE OF APPLICANT DATE
**CHILD CARE ASSISTANCE PROVIDER VERIFICATION FORM**

I, ________________________________ am a student-parent enrolled in SPRING 2015 classes at Seattle Central College. I certify that my child (ren) will be enrolled in at the following licensed childcare provider(s) no later than one week after I receive my award and that I will use my award to pay for these expenses:

Childcare Provider Information:

- **Name:** ________________________________
- **Address:** ________________________________
- **Phone Number:** ________________________________
- **Provider’s Department of Early Learning (DEL) #:** ________________________________

My child (ren) requiring provider care are:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Age</th>
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<tbody>
<tr>
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</table>

__________________________  _____________
Signature of student-recipient  Date