

Dear Grant Applicant:

Thank you for your interest in the Parents for Higher Education (PFHE) Child Care Assistance Program, which provides financial assistance with child care. We are very pleased to offer this service to our students.

Attached is a child care assistance application that includes the eligibility requirements for our program. Please note that students applying for assistance must have completed Fayetteville Technical Community College's Admissions Process. Approval is based on the greatest need. Therefore, students applying for assistance must have a **2019-2020 Federal Student Aid (FAFSA) application** on file with the Financial Aid Office on campus.

Please complete the child care assistance application and return it to Genelle Blue, Early Childhood Educational Center, Room 210 by **Friday, June 14, 2019 before 12:00 p.m.**

Submit COPIES of all required documents along with your application (See the "Required Documents" on page 2 of application). Applications **WILL NOT** be accepted without **ALL** supporting documents.

1. **Observe the deadline. Friday, June 14, 2019 before 12:00 p.m.**
2. **Answer all questions.** Incomplete applications will not be processed.
3. Writing and signatures must be legible. Complete application using black ink.
4. If you are a continuing or currently enrolled student, a GPA of 2.0 or better must be maintained. Final consideration for the grant will be withheld until summer semester grades are received.
5. You will be notified about the status of your application by phone and e-mail.

If you are receiving child care assistance through your county's department of social services, you are ineligible for the PFHE program.

The PFHE program is not able to assist with tuition, books, tools, supplies or transportation.

Important: **ALL** applicants are required to participate in the Parents for Higher Education orientation session. Please choose from the following:

**Friday, June 21, 2019, in the Advanced Technology Center (ATC) 116 from
9:00-10:30 a.m. or 11:00-12:30 p.m.**

Or

**Tuesday, June 25, 2019, in the Advanced Technology Center (ATC) 116 from
9:00-10:30 a.m. or 11:00-12:30 p.m.**

These are the only scheduled times for the orientation session. **Child care assistance will not be provided during orientation.** The orientation is for **adult participants only**. Attending the orientation is **mandatory** for participation in the PFHE program. **There will be no make-up orientation session. Please RSVP by June 14, 2019** with date and time you would like to attend. If you have any questions or concerns, please call (910) 678-8486.

Sincerely,



Genelle Oxendine Blue
Family Support Services Associate
Program Coordinator for PFHE

FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE

Parents for Higher Education (PFHE) Child Care Assistance Program

Application

2019-2020 Academic Year

Student ID Number or
Social Security Number: _____

Name: _____

Date of Birth: _____ Race: _____ Sex: _____ County: _____

Physical Address: _____
Street City Zip

Mailing Address: _____
 Same as Physical Street City Zip

Home Number: _____ Cell Number: _____ Work Number: _____

E-mail Address: _____

Marital Status: Single Married Separated Divorced Widowed

INFORMATION ON CHILDREN LIVING IN THE HOME

| Full Name | Social Security | Age | Sex | Child Care Needed | Enrolled in Pre K or Head Start |
|-----------|-----------------|-----|-----|--|--|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

EMPLOYMENT INFORMATION

Yes No

| | | | | |
|--------------------|-------------------------|------------------|-------------------|----------------|
| Currently Employed | Last Date Of Employment | Current Employer | Current Job Title | Hours Per Week |
|--------------------|-------------------------|------------------|-------------------|----------------|

Last High School Attended: _____ Diploma Received Yes No

ADDITIONAL INSTITUTIONS ATTENDED

Institution: _____ Last Year Attended: _____ Degree Received Yes No

Institution: _____ Last Year Attended: _____ Degree Received Yes No

FTCC STUDENT STATUS

Curriculum: _____ Student Status: Beginning Returning Continuing Transfer

Projected Graduation Date: Fall 20 _____ Spring 20 _____ Summer 20 _____ Unsure at this time:

INDICATE IF YOU ARE RECEIVING ASSISTANCE FROM THE FOLLOWING SOURCES AND THE AMOUNT RECEIVED

| | | |
|---|--|---|
| <input type="checkbox"/> Salary (recipient) \$ _____ | <input type="checkbox"/> Child Support/Alimony \$ _____ | <input type="checkbox"/> Assistance from Relatives \$ _____ |
| <input type="checkbox"/> Salary (spouse) \$ _____ | <input type="checkbox"/> Social Security Income \$ _____ | <input type="checkbox"/> WFFA/TANF \$ _____ |
| <input type="checkbox"/> Unemployment Benefits \$ _____ | <input type="checkbox"/> Food Stamps \$ _____ | <input type="checkbox"/> Workforce Development \$ _____ |
| <input type="checkbox"/> VA Benefits \$ _____ | <input type="checkbox"/> Section 8 Housing \$ _____ | <input type="checkbox"/> Other -Specify \$ _____ |
| Total Monthly Income \$ _____ | | Total Yearly Income \$ _____ |
| <input type="checkbox"/> Previous PFHE Recipient: Fall 20 _____ Spring 20 _____ Summer 20 _____ | | |

I have read and fully understand the information in the Parents for Higher Education (PFHE) Child Care Assistance Application and certify that the above information is true. The required documents are attached, and I hereby grant my permission to have my records with other agencies verified with the information I have provided.

Partially funded by

Parent/Student Signature



Date

Revised March 2019

| | |
|---|--|
| What is your alternate plan if you do not receive child care assistance through the Parents for Higher Education (PFHE) Program? | What other assistance would be of benefit to you? |
| | |
| | |
| | |

Required Documents & Statement(s) Certifying Receipt of:

| | |
|--|--|
| <input type="checkbox"/> Birth Certificate of each child <input type="checkbox"/> Social Security card of each child needing assistance <input type="checkbox"/> Marriage License <input type="checkbox"/> Divorce Decree, Separation Agreement or Death Certificate <input type="checkbox"/> Current verification of no child care assistance from the Department of Social Services (DSS) <input type="checkbox"/> Academic Evaluation <input type="checkbox"/> Student Aid Report (SAR) (<i>From FAFSA Website</i>) (2019-2020 year) <input type="checkbox"/> Proof of monthly income (<i>yours and/or spouse's pay stubs</i>) <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Verification of Child Support <input type="checkbox"/> V.A. Benefits <input type="checkbox"/> Social Security Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> WFFA/TANF monthly assistance <input type="checkbox"/> Workforce Development <input type="checkbox"/> Vocational Rehabilitation |
|--|--|

Note: If you have no income you must provide a letter of verification from any person that is providing financial assistance for you.

AGREEMENT--Eligibility Requirements/Responsibilities of the Participant

- I. Eligibility Requirements
If you are an adult who is enrolled or will be enrolled in an approved curriculum and has a household income at 200% or below the Federal Poverty Level and meets one or more of the following requirements:
 - a. A parent with custody or joint custody of dependent children.
 - b. A pregnant woman.
 - c. An unemployed or underemployed homemaker whose primary responsibility is the care of the family but now needs marketable job skills.
 - d. A displaced homemaker due to death, divorce, separation, or disability of a spouse, and needs job training.
- II. Responsibility of the Participant - *The Parents for Higher Education (PFHE) Child Care Program participant is required to:*
 - a. Attend PFHE orientation
 - b. Be enrolled in at least 12 or more curriculum credits during the semester (9 hours continuously throughout the semester) with the majority of the curriculum credit hours in a face-to-face setting.
 - c. Attend all curriculum classes
 - d. Attend mandatory weekly one-hour group meetings
 - e. Maintain a cumulative GPA of 2.0 or better
 - f. Be responsible for your child's transportation to and from the child care facility
 - g. Complete the Federal Student Aid (FAFSA) Application Process
 - h. Apply each academic year to receive child care assistance through PFHE
 - i. Schedule an *exit interview* before dropping a course and/or withdrawing from school
 - j. Report the following student changes within five days: name, address, and telephone number
 - k. Notify the PFHE Coordinator of child's absence from child care
 - l. Submit documents according to deadlines set forth
- III. Agreement

I understand the eligibility requirements and responsibilities of the Parents for Higher Education (PFHE) Child Care Assistance Program. I hereby certify my willingness to participate in the program.

Parent/Student Signature

Date

Date Received

| |
|---|
| For Office Use Only Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grant Administrator/Designee Signature _____ Date _____ |