



OFFICE OF FINANCIAL AID

2020-2021 Child Care Grant Application

Name: _____ UMID: _____

The Child Care Grant provides custodial parents with child care funding assistance while the parent is attending the University of Michigan-Flint.

To be eligible for the Child Care Grant, you must:

- Be enrolled at least half-time in a degree granting program at UM-Flint.
- Be the parent of a child 12 years old or younger, or a child with special needs under the age of 19.
- Incur child care expenses from services provided by a State of Michigan licensed provider.
- Demonstrate financial need as verified by your FAFSA (Free Application for Federal Student Aid).
- Be making Satisfactory Academic Progress as required by the university.
- Use child care services because you are a single student, or if married, because your spouse is either a student or employed outside the home.

Student is attending classes: Full-time Part-time

Marital and Employment Information

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married/Remarried <input type="checkbox"/> Divorced or Widowed	Employment Status (Student): <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
	Employment Status (Spouse): <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
If married/remarried, what is the reason your spouse is unable to provide child care? <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Other _____	

Household Information

How many people are in your household?	How many people in your household will be in college during this school year?
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Name of Spouse (if you are married and living in the same house): _____

Name of Child	Age	X if needs care

FAFSA Information

I have filed a 2020-2021 FAFSA: Yes No

I have completed all requests for verification from the Office of Financial Aid: Yes No

Additional Assistance

Will you be receiving GSRP, DHHS Cash Assistance, or Head Start funding? Yes No — If yes, provide documentation of funding being received.

Please sign below to verify that you agree to the conditions and responsibilities of this award and that you assume responsibility for knowing University of Michigan-Flint policies.

1. If I drop a course, my grant may be decreased accordingly.
2. The grant will be applied as a credit to your student account and will result in a refund. It will be the student's responsibility to use the refund as payment to the licensed child care provider.
3. I will only receive assistance for approved classes taken on a credit basis, not classes taken on an audit basis.
4. I understand my satisfactory academic progress will be monitored, and funding decisions will be made on a case by case basis.
5. I understand that the child care assistance funds are limited and may not be available in subsequent semesters.
6. I will report any changes in income, marital status, number of dependents, and/or change in child care.
7. I do here by give permission to the Office of Financial Aid to release information pertaining to my child care grant, enrollment, and class schedule to my licensed child care provider, and to the DHS (if required).
8. Applications without documentation will not be considered for the grant.

- I certify that I am the custodial parent of the child(ren) listed on this application and can provide proof of custody if requested.
- I certify that neither I, nor my child(ren)s other parent, is receiving any other childcare subsidy from any source, federal, state, local government or other higher education institution. And, that should either of us receive such assistance, I will report it immediately to the Office of Financial Aid.
- I certify that all statements made on this application are true to the best of my knowledge and I can provide proof of information stated on this application if requested.

Signature: _____ Date: _____

Phone Number: (____) _____