Student Parent Child Care Funding Program

2016/2017 Graduate/Professional Student Application
For Graduate Student Child Care Grant (GSCCG)

The GSCCG is available to graduate and professional students with children, regardless of financial need. One term on Filing Fee status is allowed. To request funding for child care expenses, please first review the fact sheet provided at the program website, then complete the following steps:

1. Complete **Section A.** If two UC Davis students, complete Adult/Parent 1 and 2. If not, only UCD student needed.
2. Complete **Section B.** Your provider must sign this section. Use separate forms if you employ more than one provider.
3. Complete **Section C** if applying for Summer ‘16 Term.
4. Complete and sign **Section D.**
5. Submit your application via scan/email, fax, or hand deliver materials to the contact information listed above.

⇒ **If applying for GSCCG only:** Submit this completed application for one or two UC Davis students.

⇒ **If you feel you may qualify for the financial need-based Community Based Care Grant (CBCG) that supplements the GSCCG,** also submit either the **Graduate/Professional Student (US Residents) Supplemental Application for Community Based Care Grant** or the **International Student Supplemental Application for Community Based Care Grant.** Both forms are available on the program website. Please note, the CBCG is not available for summer term. You must submit the supplemental application in the fall for Fall, Winter and/or Spring. GSCCG applications will be kept on file so you will only need to complete the supplement when requesting CBCG funds.

### SECTION A: Student Parent Information

**Adult/Parent 1:**

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<th>Student ID #:</th>
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<th>Address:</th>
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<table>
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<tr>
<th>Telephone:</th>
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<tr>
<th>Email:</th>
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**Graduate Student:** Please indicate your Department and Major:

- Education
- GSM
- Law
- Medicine
- Nursing
- Veterinary Medicine

Are you an international student? □ Yes □ No

Total # of family members (adults/parents/children) in household: ___

Are you or will you be on Filing Fee status for any of the terms for which you are requesting funds? Funding is allowed for one term of Filing Fee status only. If so—please indicate: □ Summer □ Fall □ Winter □ Spring

Terms you will be enrolled at UC Davis and for which you are requesting funding. You may apply for current and/or upcoming terms within the academic year as long as you maintain enrollment and meet SAP. □ Summer □ Fall □ Winter □ Spring

**Adult/Parent 2** (if UCD student also requesting grant):

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<th>Student ID #:</th>
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**Graduate Student:** Please indicate your Department and Major:

- Education
- GSM
- Law
- Medicine
- Nursing
- Veterinary Medicine

Are you an international student? □ Yes □ No

Email: □ Summer □ Fall □ Winter □ Spring

Terms you will be enrolled at UC Davis and for which you are requesting funding. You may apply for current and/or upcoming terms within the academic year as long as you maintain enrollment and meet SAP. □ Summer □ Fall □ Winter □ Spring
SECTION B: Child Care Information (Signature of Child Care Provider required—one form per provider)

Child Care Provider’s Name: __________________________

Address: __________________________

Telephone: __________________________ Email: __________________________

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<thead>
<tr>
<th>Name of Dependent Requiring Care</th>
<th>Child’s Date of Birth</th>
<th>Total Amount/fees ($ Per Month)</th>
<th>Terms for Which Care is Contracted</th>
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<td>□ Summer  □ Fall  □ Winter  □ Spring</td>
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<td>□ Summer  □ Fall  □ Winter  □ Spring</td>
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By signing below, I certify that the above information is true and correct. Summer is defined July, Aug, Sept; Fall is Oct, Nov, Dec; Winter is Jan, Feb, March; Spring is April, May, June.

Child Care Provider’s Signature: __________________________ Date: ____________

SECTION C: Summer Status. Only complete if requesting summer funding on this application. In order to receive summer GSCCG a student must either be enrolled and/or employed as an Academic Student Employee or GSR at least 25%. If you are not enrolled, please have your hiring department personnel officer (PI or administrative representative) certify below your employment status.

☐ I am enrolled in courses for the summer months (some programs have year-round attendance).

☐ Associate In

☐ Reader

☐ Teaching Assistant

Personnel Officer Name: __________________________ Title: __________________________

SECTION D: Statement of Understanding: (Completed by Adults/Parents listed)

☐ I/we certify that I/we meet all the eligibility criteria required for the programs selected.

☐ I/we certify that it is my/our responsibility to pay funds received to the child care provider noted above.

☐ I/we understand that it is my/our responsibility to report to the WorkLife and Wellness office any changes in my/our student status, finances, child care arrangements or costs during the awarded period.

☐ I/we certify I am not in a self-supporting program or a visiting student. (Both are ineligible.)

☐ I/we certify that all statements relating to this application are complete and correct to the best of my/our knowledge, and I/we understand that intentional misrepresentation may result in cancellation and repayment of any child care funding received.

WARNING: Purposely giving false or misleading information on this form may result in fines and/or jail time.

Adult/Parent 1 Signature: __________________________ Date: ____________

Adult/Parent 2 Signature: __________________________ Date: ____________