

**Student Parent Child Care Funding Program**

**2017/2018 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. 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 '17 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. **CBCG is not available for summer term.** You can submit the supplemental application in the summer with your GSCCG or in 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 Name:	Student ID #:
Address:	
Phone:	UC Davis Email:
<b>Graduate Student:</b> Please indicate your Department and Major:	
<b>Professional Student:</b> <input type="checkbox"/> Education <input type="checkbox"/> GSM <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Veterinary Medicine	
Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of family members (adults/parents/children) in household: ____
Terms you will be enrolled at UC Davis and for which you are requesting funding. If you are on semesters, please leave Winter box unchecked. You may apply for current and/or upcoming terms within the academic year. <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
<b>Adult/Parent 2</b> (only if UCD student also requesting grant):	Student ID #:
<b>Graduate Student:</b> Please indicate your Department and Major:	
<b>Professional Student:</b> <input type="checkbox"/> Education <input type="checkbox"/> GSM <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Veterinary Medicine	
Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No	UC Davis Email:
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 <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	

**SECTION B: Child Care Information (Signature of Child Care Provider required—one form per provider)**

Child Care Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Dependent Requiring Care	Child's Date of Birth	Total Amount/fees (\$ Per Month)	Terms for Which Care is Contracted
			<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
			<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
			<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring

By signing below, I certify that the above information is true and correct. For this section, summer is defined July, Aug, Sept; Fall is Oct, Nov, Dec; Winter is Jan, Feb, March; Spring is April, May, June. If a portion of the term, please indicate months. Actual subsidy dates vary by program and terms.

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 full time 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 full time for the summer months (Medical and Nursing Schools).

Associate In

Community Teaching Fellow

Reader

Remedial Tutor/Tutor

Teaching Assistant

GSR

Personnel Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**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: \_\_\_\_\_