

**Student Parent Child Care Funding Program**

**2017/2018 Graduate/Professional Student (US Residents) Supplemental Application For  
 Community Based Care Grant (CBCG)**

To request financial need-based funding that supplements the GSCCG, please first review the CBCG fact sheet provided at the [program website](#), then complete the following steps.

1. Complete **Section A**. If two UCD students, complete both Adult/Parent 1 and 2. If not, only UCD student information needed *in this section*.
2. Complete **Section B**. You must have filed a FAFSA or Dream Act Application to apply. Both adults/parents' financial information is required to determine eligibility. If both adults/parents are not reflected in the FAFSA or Dream Act Application, adult/parent 2 information must be provided in this section.
3. Complete and sign **Section C**. Submit this supplemental application along with your GSCCG application (unless you have previously submitted your 17/18 GSCG application and we have it on file) and any supporting documentation to the WorkLife and Wellness office. You may fax, scan/email, or hand deliver your application materials to the contact information listed on the website.

<b>SECTION A: Student Parent Information</b>	
<b>Adult/Parent 1:</b>	Student ID #:
Email:	Total # of family members (parents and children) in household: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
<b>Adult/Parent 2</b> Select appropriate box and complete corresponding section if applicable	
<input type="checkbox"/> Also a UC Davis Student requesting grant	Student ID #
	Email:

**SECTION B: Financial Need**

Because CBCG is based on financial need, all adults who are financially responsible for the child(ren) listed on the application must be identified/disclosed in this form. All household/family income will be counted for eligibility. Children listed must be in the physical custody (at least 50%) of the student requesting aid. ***If the second adult/parent is reflected in your FAFSA or Dream Act Application you may simply provide your My Awards Page or Student Aid Report (SAR) and list only Financial Aid amounts for this section.*** If the second adult/parent of the child(ren) for which you are requesting funds is not included in the FAFSA/Dream Act, you must provide their financial information. If answer is zero please enter "0" on the appropriate line...do not leave blanks. ***If the second adult/parent does not contribute financially to the children listed please specify:***

I certify that adult/parent 2 is not financially responsible for listed child(ren) and provides no child support.

I certify that adult/parent 2 is financially responsible for listed child(ren), but has no income. List joint assets if applicable.

**Adult/Parent 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION B: Financial Need continued...**

*If the second adult/parent is reflected in your FAFSA or Dream Act Application (filed as married), or you have indicated second adult parent does not contribute, you may simply provide your My Awards Page or Student Aid Report (SAR) instead of completing this section.*

Resources	Adult/Parent # 1	Adult/Parent # 2
<b>Financial Aid:</b> Please list the total amount awarded for grants, scholarships and fellowships. Do not include loans. <b>Attach your "My Awards Page" or "Student Aid Report" (SAR).</b>	\$ _____	\$ _____ (If also UCD student applying for grant)
<b>Wages/Taxes:</b> (attach 2016W2 ) 1. Total Gross Income from 2016: 2. Total 2016 income tax paid:  If 2016 is not reflective of your current situation please provide an explanation and statement of earnings ( <b>paystubs</b> ) reflective of past 12 months.		1. \$ _____ (if not on FAFSA)  2. \$ _____ (if not on FAFSA)
<b>Assets:</b> ( <i>Documentation may be requested but not required to submit at this time</i> ) 1. Current value of cash, savings and checking accounts. 2. Current net worth of investments including real estate.		1. \$ _____ (if not on FAFSA)  2. \$ _____ (if not on FAFSA)
<b>Other</b> (attach documentation): Support from relatives, child support or child care subsidies.		\$ _____ (If not on FAFSA)
<b>Total Financial Resources (Annual):</b>	\$ _____	\$ _____
<b>Total number of family members (adults/parents and children) in household:</b>	_____	

**SECTION C: Statement of Understanding (Completed by adults/parents listed)**

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

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