

Student Parent Child Care Funding Program

2017/2018 International Student Supplemental Application For Community Based Care Grant (CBCG)

This form is for non-US Resident students (graduate, professional or undergraduates) who are ineligible to complete the FAFSA or Dream Act Application. Eligibility for CBCG is based on financial need as determined by the information provided below. To apply, please complete the entire form. Do not leave any blanks, as incomplete information will delay the process. Report in U.S. Dollars only.

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.

Please be sure to provide with this application, the following:

1. A copy of your: I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status. If your 1-20 indicates funds for "expenses for dependents" you are not eligible for CBCG.
2. If spouse/parent 2 is eligible to work in the US, a copy of their J-2 Visa. If spouse is ineligible, you are not eligible for CBCG.
3. A copy of your 2016 tax return if employed in US in 2016.
4. A copy of your most recent savings and checking account statements.
5. The completed 2017/18 GSCCG application if you have not previously submitted it for 2017/18.

A. Student Information

Full Legal Name: _____ Student ID: _____

Email: _____ Phone: _____

Local Street Address: _____ City: _____ ZIP: _____

Date of Birth: _____ Country of Citizenship: _____

Marital Status: _____ If Married, Spouse's Name: _____

Is your spouse eligible for employment in the United States*? Yes No No Spouse in U.S.

*If spouse/parent 2 is ineligible to work or is not a full-time UC Davis student, you are not eligible for CBCG funds. Please submit a J-2 to indicate work eligibility.

Where do you live while attending UC Davis (Check only one):

With parents, relatives, or guardians Off-campus apartment or house On-campus housing

B. Financial Information

If you are single, separated, divorced or widowed, answer only about yourself. If you are married or remarried as of today, include information about you and your spouse. If the answer is zero or the question does not apply to you, enter "0" on the line. Do not leave any blanks. Report whole dollar amounts.

Enter the number of dependents (spouse and children) in your household: _____

B. Financial Information continued

- 3. How much did you earn from working in 2015? \$ _____
- 4. How much did your spouse earn from working in 2015? \$ _____
- 5. As of today, what is your (and spouse's) total current balance of cash, savings and checking accounts?
Please provide the most current statements from these accounts. \$ _____
- 6. As of today, what is the net worth of your (and spouse's) investments, including real estate?
Do not include the home you live in. Net worth means current value minus debt. \$ _____
- 7. As of today, what is the net worth of your (and spouse's) current businesses and/or investment farms?
Do not include a family business with 100 or fewer full-time or full-time equivalent employees. \$ _____
- 8. Student's 2015 Additional Financial Information (enter the combined amounts for you and your spouse).
 - a. Dependent estimated credits listed in your I-20(F-1)* \$ _____
 - b. Child support paid because of divorce or separation or as a result of a legal requirement.
Don't include support for children in your household. \$ _____
 - c. Taxable earnings from need-based employment programs, such as Work-Study and need-based employment portions of fellowships and assistantships. \$ _____
 - d. Earnings from work under a cooperative education program offered by a college. \$ _____
 - e. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. \$ _____

*Please note: If you are calculated for estimated dependent care funds as listed in your I-20 F-1 under "Expenses of Dependents" you are ineligible for CBCG funds.

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: _____