

Student Parent Child Care Funding Program

2019/2020 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 fact sheet provided on our [program website](#), then complete all sections below. Additional directions are listed at each section. Please type or print legibly.

SECTION A: Student Parent Information	
<p>If two UCD student parents are applying for the grant, complete both Adult/Parent 1 and 2. Otherwise, please provide only the UCD student information <i>in this section</i>.</p>	
Adult/Parent 1:	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	
Adult/Parent 2: <input type="checkbox"/> Also a UC Davis Student requesting grant	
Name:	Student ID #
Email:	
SECTION B: Financial Need	
<p>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 on this application. 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.</p> <p>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.</p> <p><i>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.</i> 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.</p> <p><i>If the second adult/parent does not contribute financially to the children listed please specify:</i></p> <p><input type="checkbox"/> I certify that adult/parent 2 is not financially responsible for listed child(ren) and provides no child support.</p> <p><input type="checkbox"/> I certify that adult/parent 2 is financially responsible for listed child(ren), but has no income. List joint assets if applicable.</p>	
Adult/Parent 1 Signature: _____ Date: _____	

(SECTION B continued)

If the second adult/parent is NOT reflected in your FAFSA or Dream Act Application , or you have indicated second adult parent does contribute, please complete this section.

Resources	Adult/Parent # 1	Adult/Parent # 2 (If not on FAFSA)
Financial Aid: Please list the total amount awarded for grants, scholarships and fellowships. Do not include loans. Attach your "My Awards Page" or "Student Aid Report" (SAR).	\$ _____	\$ _____ (If also UCD student applying for grant)
Wages/Taxes: (attach most recent W2) 1. Total Gross Income from 2018: 2. Total 2018 income tax paid: If 2018 is not reflective of your current situation please provide an explanation and statement of earnings (paystubs) reflective of past 12 months.	1. \$ _____ 2. \$ _____	1. \$ _____ 2. \$ _____
Assets: (Documentation may be requested but not required to submit at this time) 1. Current value of cash, savings and checking accounts. 2. Current net worth of investments including real estate.	1. \$ _____ 2. \$ _____	1. \$ _____ 2. \$ _____
Other (attach documentation): Support from relatives, child support or child care subsidies.	\$ _____	\$ _____
Total Financial Resources (Annual):	\$ _____	\$ _____

SECTION C: Statement of Understanding

This section to be completed by adults/parents listed in Section A.

Submit this completed and signed supplemental application along with your GSCCG application and any supporting documentation to the WorkLife office. You may scan and attach a PDF of your materials to worklife@ucdavis.edu.

- 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.
- 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: _____