

WORKLIFE

Student Parent Child Care Funding Program

2019/2020 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.

Please be sure to provide the following with your application:

1. A copy of your: I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status or DS 2019.
 - ⇒ If your I-20 indicates funds for “expenses for dependents” you are not eligible for CBCG for those dependents. New dependents *not* listed may be eligible.
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. However, you may file a petition if you have extenuating circumstances of time spent beyond GSCCG funds for education or remote work. Contact worklife@ucdavis.edu for the forms.
3. All pages of your most recent tax return, if employed in US.
4. All pages of your savings and checking account statements, for the past 6 months.
5. The completed 2019/20 GSCCG application, if not previously submitted.

Section A: Student Parent 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.

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

*Please note: If your I-20 F-1 has an amount under “Expenses of Dependents” you are ineligible for CBCG funds for the dependents listed. If you now have additional dependents not listed, such as an additional new child, you may

Section B: Financial Information (continued on next page)

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.

Section B Continued

The following questions ask about earnings (wages, salaries, tips, etc.) in 2018. Answer the questions whether or not a tax return was filed. If any individual earning item is negative, do not include that item in your calculation.

1. How much did you earn from working in 2018? \$ _____
2. How much did your spouse earn from working 2018? \$ _____
3. As of today, your (and spouse's) total current balance of cash, savings and checking accounts: \$ _____
4. 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.
5. As of today, 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.
6. Student's 2018 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. \$ _____

SECTION C: Statement of Understanding

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

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

- I/we understand that it is my/our responsibility to report to the WorkLife 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: _____