

Student Parent Child Care Funding Program

Summer 2019 Graduate/Professional Student Application For Graduate Student Child Care Grant (GSCCG)

To request funding for summer child care expenses, please first review the fact sheet provided at the [program website](#), then complete all sections below.

⇒ **If you are enrolled in coursework at least part-time for the summer, you may qualify for the summer financial need-based grant** (primarily Med/Nursing and 4th year DVM students). Please see the [Student Parent Handbook](#) for complete information and also submit the appropriate supplemental application, either the [Graduate/Professional \(US Residents\) Supplemental Application for Community Based Care Grant](#) OR [International Student Supplemental Application for Community Based Care Grant](#).

SECTION A: Student Parent Information

If two UC Davis student parents are applying for the grant, complete Adult/Parent 1 and 2 sections. Otherwise, please provide only the UCD student information **in this section**.

Adult/Parent 1 Name:		Student ID #:	
Address:			
Phone:		UC Davis Email:	
Student Category: <input type="checkbox"/> Graduate <input type="checkbox"/> Education <input type="checkbox"/> GSM <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Vet Medicine			
Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total # of family members (adults/children) in household: _____	
Adult/Parent 2 (only if UCD student ALSO requesting grant):		Student ID #:	
Student Category: <input type="checkbox"/> Graduate <input type="checkbox"/> Education <input type="checkbox"/> GSM <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Vet Med			
Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No		UC Davis Email:	

SECTION B: Child Care Information

Your provider must sign this section. Use separate forms if you employ more than one provider. If provider address or name is same as your home address/name please indicate your relationship to provider. If your child is in a multihour/multiday (at least 3 hours per day/5 days a week) camp program(s), you can simply provide a copy of the registration(s) in lieu of having this section signed.

Child Care Provider's Name:			
Address:			
Telephone:		Email:	
Name of Dependent Requiring Care	Child's Date of Birth	Total \$ Amount Paid per Month	Terms for Which Care is Contracted
			<input type="checkbox"/> Summer
			<input type="checkbox"/> Summer
			<input type="checkbox"/> Summer

For this section, summer is Session 1 and 2 (July—Sept); By signing below, I certify that the above information is true and correct.

Child Care Provider's Signature: _____ **Date:** _____

SECTION C: Summer Status

In order to receive summer GSCCG a student must either be enrolled full time and/or employed as an Academic Student Employee (ASE) or Graduate Student Researcher (GSR) at least 25%. If enrolled/employed and requesting summer funds, please complete this section.

⇒ **If ASE or GSR**, please have your hiring department personnel office (PI or administrative representative) sign this section to certify your employment status OR provide a copy of your appointment letter.

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

Associate In (AI)

Reader

Teaching Assistant (TA)

Personnel Officer Name: _____

Signature: _____

Community Teaching Fellow

Remedial Tutor/Tutor

Graduate Student Researcher (GSR)

Title: _____

Date: _____

SECTION D: Statement of Understanding

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

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

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 office any changes in my/our student status, finances, child care arrangements or costs during the awarded period.

I/we certify that if I/we go on Filing Fee, I/we will inform WorkLife, as it will affect my disbursement.

I/we certify I/we are not in a self-supporting program (SSP) or a visiting student. (Both are ineligible).

NOTE: while students in an SSP are not eligible for GSCCG, they may be eligible for CBCG. If enrolled in an SSP, please submit THIS completed application (with an SSP Status note) and a completed CBCG application.

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: _____