FRANK PHILLIPS COLLEGE
DAYCARE ASSISTANCE APPLICATION

Semester:_____
Year:_____

All information provided is confidential and will not affect your admission to Frank Phillips College. Your responses will be used to determine childcare assistance only. To qualify, your childcare provider must be willing to provide their federal ID or Social Security number for tax purposes. **Family member daycare providers will NOT qualify for these funds.** The Carl Perkins Grant provides money for daycare assistance to students in vocational and technical education programs only. **You must reapply each semester. Students will not qualify during their first semester in a program. They must have completed at least 1 CTE hour to qualify.**

Name_____ SS#_____
Mailing Address St._____ Phone (_____)_____
City, State, Zip_____ Male: ___ Female: ___ Married: ___ Single: ___

WHAT TYPE OF DEGREE OR CERTIFICATE DO YOU PLAN TO GET AT FPC?
AA or AS degree: _____ AAS degree: _____ Certificate: _____ or taking classes to transfer_____

What is your major? _____ Are you a Full-time_____ or Part-time _____
How many days a week will you be in class? _____

DO YOU RECEIVE FINANCIAL AID FROM ANY OF THE FOLLOWING?
Childcare Management Systems (CCMS): _____ Workforce Investment Act (WIA): _____
Temporary Assistance to Needy Families (TANF): _____ Texas Rehabilitation Commission (TRC): _____ Educational Grants such as: Federal Pell Grant: _____, Federal Supplemental Educational Opportunities Grant (FSEOG): _____, Texas Public Education Grant (TPEG):_____ Americorp:_____ Assistance:_____ Other Assistance: _____

WHAT DAYCARE PROVIDER DO YOU PLAN TO USE?
Name:_____ Phone:_____
Address:_____ Social Security No.:_____
City, State, Zip:_____ Company Federal ID No.:_____
Number of children in daycare:_____ Will they attend the same daycare provider:_____

If not, indicate same information as above for all other providers:
_____
_____

List each child's full name and age: _____
_____

Amount charged by daycare provider(s) per day per child:
_____

Briefly describe your circumstances which would support your need for this assistance:_____
_____
_____
_____
_____

IF CONSIDERED A CANDIDATE FOR THESE FUNDS, YOU WILL RECEIVE A FINAL CONFIRMATION FORM INDICATING THE AMOUNT OF MONEY YOU HAVE BEEN GRANTED, THE DAYCARE INFORMATION WE HAVE ON FILE, AND THE DEADLINE FOR THE SIGNED CONFIRMATION FORM TO BE RETURNED TO THIS OFFICE. THE RETURNED CONFIRMATION FORMS WILL THEN BE USED TO ESTABLISH THE FINAL BUDGET FOR THE GRANT. THAT FORM MUST BE CONFIRMED, SIGNED, AND RETURNED TO THIS OFFICE BY THE DEADLINE GIVEN ON THE FORM, IN ORDER TO RECEIVE THESE FUNDS.

YOU MUST NOTIFY THIS OFFICE AND THE FINANCIAL AID OFFICE IMMEDIATELY OF ANY CHANGES IN DAYCARE NEEDS AND/OR PROVIDERS.

I certify under penalty of perjury, that the above information and all documents submitted by me are complete and accurate to the best of my knowledge.

_____
Signature Date

Return to: **Frank Phillips College**
Attn: Jason Price
P.O. Box 5118
Borger, TX 79008-5118