The intent of the Seattle Central College Child Care Voucher Program is to provide Seattle Central students with assistance with their child care costs. The actual amount of any individual awards granted will be based on the total number of applicants, financial need of applicants, and the amount of money available. Selection factors are listed below.

ELIGIBILITY AND CONDITIONS:
1. Student must be enrolled in credit bearing classes at Seattle Central during the academic quarter.
2. Student must have a cumulative grade point average of 2.0 at Seattle Central or above.
3. Student must have demonstrated financial need. If working, please provide 2-months previous wages.
4. Application must be made quarterly.
5. Applications are weighted more heavily for students closer to their school completion/goal.
6. Eligibility is based either on your receipt of funding from Financial Aid (which indicates a financial need is verified) or if no funding is received from Financial Aid, you may access the Federal Poverty Income Guidelines for 2014-15 at [http://aspe.hhs.gov/poverty](http://aspe.hhs.gov/poverty).
7. Tuition for the current quarter must be paid in full before awarded funds can be disbursed.
8. Please note that if awarded, payment will only be issued to the student’s Higher One card.

A COMPLETE APPLICATION PACKET WILL INCLUDE:
1. An application that has been completely filled out with all supporting documentation included.
2. A copy of the applicant’s most recent school transcript from last school attended (if currently attending Seattle Central, then submit the latest unofficial transcript may be provided).
3. A one–page, typed or legibly, handwritten letter from the applicant which details the way in which assistance with funding for child care would be helpful. Identify any unusual hardships, burdens, or difficult circumstances you think we should know about.
4. Either one of the following:
   • If you receive Financial Aid, provide your 2014-2015 award letters; and/or
   • If NOT receiving Financial Aid, provide a copy of your signed current income tax return or recent TWO (2) months income verification documents. Income verification documents may include pay stubs, statements from employers, entitlement or benefit letters from government agencies, etc.
DATE OF APPLICATION____________________

NAME_________________________________ STUDENT ID#________________________________________

ADDRESS________________________________ EMAIL__________________________________________

CITY_________________________________ STATE________ ZIP________

FEMALE □ MALE □ PHONE #__________________________

EDUCATIONAL GOAL/CERTIFICATE______________________________________________________________

NUMBER OF CREDITS REMAINING FOR GOAL________

TOTAL NUMBER OF DEPENDENTS YOU SUPPORT_______

TOTAL NUMBER OF ADULTS LIVING IN HOUSEHOLD (including self) _________

TOTAL NUMBER OF CHILDREN LIVING IN HOUSEHOLD_______

<table>
<thead>
<tr>
<th>NAME OF DEPENDENT</th>
<th>AGE</th>
<th>CHILD CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE FOLLOWING OPTIONAL INFORMATION IS EXTREMELY HELPFUL FOR REPORTING PURPOSES:

□ Latin American/Hispanic □ Alaskan Native/Native American
□ Other (Please specify) ____________

Marital Status: ____ Single ____ Married ____ Divorced

Birth Date: ____________
Child Care Assistance Program (CCAP)
Child Care Verification Form

I, ____________________________________ am a student-parent enrolled in WINTER 2015 classes at Seattle Central College. I certify that my child will be enrolled in and participate in care giving at the following licensed childcare provider beginning JANUARY 2015 and that I will use my award to pay for these expenses:

Childcare Provider Information:

Name: __________________________________________________________
Address: _________________________________________________________
Phone Number: ___________________________________________________
Provider’s Department of Early Learning (DEL) #: ______________________

My child (ren) requiring provider care are:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition, I certify that my tuition for WINTER quarter 2015 is paid and that there no outstanding amounts are due to Seattle Central College.

_________________________________________     ________________
Signature of student-recipient                     Date