

## **Application Instructions**

***IMPORTANT:***

**Read instructions before completing application. Incomplete applications will not be processed. Students applying to the Child Care Access Program must complete this application and return it to the Early Education Center. Applications must be completed in ink or typed.**

Students may receive funding from this program or the Post-Secondary Child Care Grant Program available to Minnesota residents through the MSUM Office of Scholarship and Financial Aid. Students may be on the waiting list for both programs, however, actual funding will be limited to one source. Students receiving funding through CCAP may also receive funding through their county social services. The CCAP is a sliding-fee program with a maximum award of \$2600 for each eligible child per academic year. Under no circumstances will the total child care funding be more than the actual cost. CCAP grant awards will be disbursed to recipients each semester.

## **Who is eligible?**

• **Award recipients must:**

1. be a U.S. citizen or eligible non-citizen;
2. must be income eligible;
3. be pursuing a nonsectarian program or course of study that applies to an undergraduate degree, diploma, or certificate;
4. have a child 6 years of age or younger and who needs child care services on a regular basis;
5. be enrolled at least half-time (taking at least six credits per semester);
6. be in good standing and making satisfactory academic progress;
7. not be in default, or if in default, have made satisfactory arrangements to repay the loan with the holder of the note; and
8. not have earned a baccalaureate degree.

## **Child Care Access Means Parents in School Program**

## Application Questions

- **(question # 8) Eligible Non-citizens include persons who are:**
  1. U.S. permanent residents, holding the Alien Registration Receipt Card (I-151 or I-551);
  2. permanent residents of the Trust Territory of the Pacific Islands or of the Northern Mariana Islands;
  3. other eligible non-citizens with Departure Record (I-94) from the U.S. Immigration and Naturalization Service showing any one of the following designations: "Refugee", "Asylum Granted", "Indefinite Parole", and/or "Humanitarian Parole", or "Cuban-Haitian Entrant" or a conditional permanent resident (I-151C).
  
- **(question # 9) Family income is:**

Family income must be the same amount used for other federal and state financial aid programs.

Total taxable Income from 2008-2009 FAFSA (adjusted gross income if tax filer, or total wages if non-filer)

  - + Total Untaxed Income from 2008-2009 FAFSA Worksheet A
  - + Total Untaxed Income from 2008-2009 FAFSA Worksheet B
  - Income Exclusions from 2008-2009 FAFSA Worksheet C
  
- **(question # 10) Number of persons in your family.**

Number of persons in your family must be the same number used for other federal and state financial aid programs. Number of persons in the household reported on the 2007-2008 FAFSA.
  
- **(question #12) Other sources of childcare funding:**

Answer "yes," if you are receiving childcare funding from another source. Examples are: your spouse is receiving the Post- Secondary Child Care Grant, your employer is helping pay your child care costs, you receive sliding fee child care assistance from the county, etc.
  
- **(question # 15) Cost of day care:**
  1. Complete Columns A, B, C, and D for all children.
  2. Column D refers to the total amount you pay your child care provider per semester.  
(**Note:** Cannot exceed \$7.00 per hour per eligible child.)

## Note To Applicants

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 52a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your social security number is voluntary.

The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Child Care Access Program for such purposes as processing the application form, program evaluation and reporting, and notification of program eligibility and award amount.

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (1998), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program and (2) for compilation and analysis of summary data relative to this program. Failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

# 2008-09 CCAP Program Application

Fall deadline: 9/11/08 • Spring deadline: 1/22/09

## Section A (To be completed by the applicant)

1. Name \_\_\_\_\_ e-mail: \_\_\_\_\_

- A.  Female (single head of household)  Male (single head of household)  
 Female (married)  Male (married)  
 Female (dependent - live with parents/guardian)  Male (dependent - live with parents/guardian)  
 Married couple (both attend MSUM)

B. Indicate your year in school:  freshmen  sophomore  junior  senior

C. Race/Ethnicity: (Select one or more)

- American Indian or Alaskan Native  Asian  
 Black or African American  Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  White

2. Social Security # \_\_\_\_\_

3. Date of applicant's birth (month, day, year) \_\_\_\_\_ 4. MSUM ID# \_\_\_\_\_

5. Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

6. County of Residence \_\_\_\_\_

7. Permanent Home Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Citizenship (check one):  U.S. citizen  eligible non-citizen (see instructions)  neither

9. Family Income \$ \_\_\_\_\_ (see instructions)

10. Number of persons \_\_\_\_\_ (see instructions)

11. Are you Pell Grant eligible? Amount: Fall '08 \_\_\_\_\_ Spring '09 \_\_\_\_\_

12. Number of children enrolled in the Early Education Center \_\_\_\_\_

13. Are you or your spouse receiving child care assistance from some other source?  yes  no list source: \_\_\_\_\_

14. Have you earned a baccalaureate degree?  yes  no

15. Indicate the number of credits for which you intend to register? Fall \_\_\_\_\_ Spring \_\_\_\_\_

16. Complete the following for children enrolled in the Early Education Center. Center director will assist you in completing the cost section.

Child's name	Child's age	Child's date of birth	Total cost of child care for fall semester (77 days)	Total cost of child care for spring semester (78 days)
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
<b>Grand total for the family</b>			<b>\$ _____</b>	<b>\$ _____</b>

16. At the date of application, indicate your child's/children's age group/s below:

- 0-24 months  25-36 months  37-48 months  49 months and older

Please see back →

I understand and accept the obligation to provide a written report to the Early Education Center and/or the Financial Aid Office of any changes in the information provided on this application within 10 days of the change. Changes may include, but are not limited to my enrollment, family size, family income, receipt of child care benefits from the county or other sources. Failure to report such changes will result in a forfeiture of grant funds.

I give permission to the county social service agency to tell the Early Education Center and/or the Financial Aid Office the amount and terms of any child care benefits I receive from July 1, 2008 to May 15, 2009.

I declare that the other parent or legal guardian of my child(ren) is not capable or available to care for my children during the hours for which I have requested an award from the Child Care Access Program.

I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for CCAP, and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both; and such action may result in the forfeiture of future awards from this program.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Dragon ID Number

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date (month/day/year)

### Section B (to be completed by MSUM)

Award per term: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_ Total for the academic year \$ \_\_\_\_\_

Student's total Income from FAFSA \$ \_\_\_\_\_ Student's Family Size from FAFSA \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
*Grant Administrator*

\_\_\_\_\_  
*Financial Aid Officer*

\_\_\_\_\_  
Date

**Minnesota State University Moorhead • 1104 7th Avenue South • Moorhead, MN 56563**



**Funds will not be available until  
November 2008,  
so applicants should plan to  
pay fees prior to that time.**