

# ISOTHERMAL

COMMUNITY COLLEGE

Office of Financial Aid

PO Box 804

Spindale, NC 28160

828-395-1434

Email: khampton@isothermal.edu

## Application for Childcare

### Funds 2024-2025

The funds for this childcare program come from an appropriation from the North Carolina General Assembly. The program is designed to assist student-parents attending community colleges throughout North Carolina. This is a block fund which means each community college is allotted a certain portion of the total appropriation. This is a limited fund and therefore not all applicants will receive assistance. If you are selected to receive assistance, you will be contacted by Isothermal Community College.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Last 4 Digits of SSN: XXX – XX - \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Numbers: Home - \_\_\_\_\_ Work - \_\_\_\_\_ Cell - \_\_\_\_\_

Program of study: \_\_\_\_\_ GPA: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Separated

Total number of family members: \_\_\_\_\_

Are you currently employed:  Yes  No Est. 2024 Annual Income: \$ \_\_\_\_\_

If married, is your spouse employed:  Yes  No Est. 2024 Annual Income: \$ \_\_\_\_\_

Have you applied for the Pell Grant:  Yes Est. Date \_\_\_\_\_  No

Please check **all** of the following forms of childcare assistance you are currently receiving:

DSS (Monthly Parent Fee \$ \_\_\_\_\_)

WIA (Monthly amount \$ \_\_\_\_\_)

Other \_\_\_\_\_ (Monthly amount \$ \_\_\_\_\_)

List names and ages for children who will be in childcare:

	<u>Name</u>	<u>Age</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

### Childcare Provider Information

Name of Childcare Provider: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Cost Per Week: \$ \_\_\_\_\_ Amount to be paid by student: \$ \_\_\_\_\_  
(Cost less amount paid by others)

I certify that the information I am submitting on this application is accurate to the best of my knowledge. I understand this information may be verified. I understand that if I purposely give false information on this application, it will be considered invalid and I will not be considered for any of the childcare funds.

\_\_\_\_\_  
Student-Parent's Signature

\_\_\_\_\_  
Date

To be considered for Childcare funds you must:

- Have at least a 2.00 GPA if you are a returning student
- Be a resident of Rutherford or Polk county and be eligible for in-state tuition
- Enroll in at least 6 credit hours per semester
- File a FAFSA to establish need
- Not have received Childcare funds previously for a total of two years or more

Note: Childcare payments will not be paid to anyone living in the residence of the student.