



Date and Time Received \_\_\_\_\_

### Vance-Granville Community College

#### 2022 – 2023 Child Care Assistance Program Application

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State North Carolina \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Work # \_\_\_\_\_ # of Registered Credit Hours \_\_\_\_\_

#### Marital Status:

Single  | Separated  | Divorced  | Widowed  | Married

#### Name of Dependent Child(ren) Age 0 – 12 (Maximum of 2 Can Be Accommodated)

Name \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Current Child Care Provider(s)

Name/Address \_\_\_\_\_ Hours per week \_\_\_\_\_  
 \_\_\_\_\_ Cost per week \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Type of Child Care: Licensed Daycare  | Private Home Daycare  | Family Assisted Child Care  | Afterschool/Before School  | Other: \_\_\_\_\_

#### List all sources of child care funds available to you:

None \_\_\_\_\_  
 DSS \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)  
 JOBS \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)  
 Military \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)  
 Other \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)

I understand that my selection into the program depends on meeting the requirements, which are as follows: **Completion of the 22 – 23 FAFSA and demonstrate financial need; 2.0 GPA and 67% course completion rate, and be enrolled in a minimum of 3 seated, in-person hours per 8-week term.** I understand that all forms and agreements must be completed before payment will be made. I understand that this application MUST be submitted with a letter from the Department of Social Services on my status regarding any type of child care assistance being received from them.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**2022 – 2023 Daycare Assistance Request Verification for Student Parent**

Our students are required to apply for daycare assistance at DSS before being considered for daycare assistance at VGCC. Please verify that the below named student has applied to the Department of Social Services for assistance with dependent child care to enable the student to attend day classes at Vance – Granville Community College. The information requested will be used to determine the student’s possible eligibility for supplemental assistance from the college. Please return by student, fax (252)738-3388 or mail to:

*Vance Granville Community College/Attn. Thomas Grissom, PO Box 917, Henderson, NC 27536*

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**Student Section (To be filled out by the student)**

I hereby authorize the Department of Social Services to release the information requested on this form to VGCC.

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Student Signature	Date	7-Digit VGCC Student ID
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**DSS Section (To be filled out by Department of Social Services)**

1. The above named student (has \_\_\_\_ ) (has not \_\_\_\_ ) applied for daycare assistance with the Department of Social Services to attend college for the current or upcoming semester.
2. The student (is \_\_\_\_ ) (is not \_\_\_\_ ) eligible for daycare assistance at this time.
  - If so, monthly amount DSS will pay and effective date  
\_\_\_\_ Amount  
\_\_\_\_ Effective Date
  - If not, please state the reason for ineligibility and if student is on the waiting list for daycare assistance  
\_\_\_\_\_  
\_\_\_\_\_
  - Please disclose knowledge of potential unpaid balances to any provider  
\_\_\_\_\_  
\_\_\_\_\_
  - Please disclose any additional information pertaining to why student should or should not receive assistance  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of DSS Representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ County \_\_\_\_\_ Phone # \_\_\_\_\_