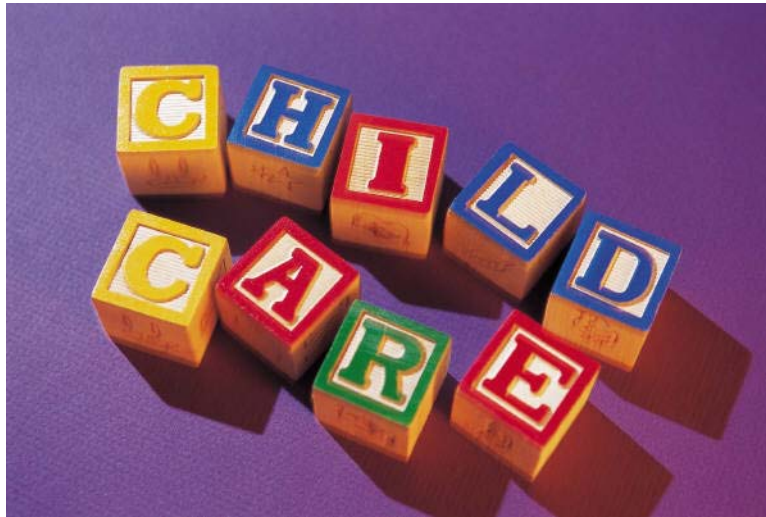


LEARNER SUPPORT

**Application for
Childcare Assistance**



**Texas State Technical College-Marshall, Texas
P.O. Box 1269
Marshall, Texas 75671**

APPLICATION DEADLINE:

ELIGIBILITY REQUIREMENTS FOR CHILD CARE SERVICES

You Must Be:

- eligible for Federal Aid (Pell Grant)
- enrolled for a minimum of 12 hours each semester
- A returning student with at least a 2.0 GPA

You need this documentation to process your application:

- Completed application. (An incomplete application will not be processed.)
- Copy of your award letter from TSTC Financial Aid office.
- Copy of your class schedule.
- Proof of birth or legal guardianship of child(ren)

**** The childcare provider must be licensed and or registered through the State of Texas.**

To continue receiving childcare assistance you must:

- Maintain full-time student status (12 hours or more).
- Maintain a minimum of 2.0 grade point average each semester.
- Notify the Counselor of any changes in financial, child care facility, or program status.
- **REAPPLY** each semester. (Application forms may be picked up at the designated times.)

Continued assistance is contingent on funds available and adherence to the above requirements and program policies.

The services available are funded by Carl Perkins Technical Education grants.

**TEXAS STATE TECHNICAL COLLEGE
MARSHALL**

Learner Support Services

DATE: _____ STUDENT ID NUMBER: _____

NAME: _____ PROGRAM: _____

NEW STUDENT: _____ RETURNING STUDENT: _____

ADDRESS: _____

(City) (State) (Zip)
TELEPHONE: (INCLUDE AREA CODE) _____

DATE OF BIRTH: _____ GENDER: Male _____ Female _____

MARITAL STATUS: MARRIED _____ SINGLE _____ DIVORCED _____ WIDOW(ER) _____

ARE YOU EMPLOYED? YES _____ NO _____ If yes, Full-time _____ or Part-time _____

CHILDCARE INFORMATION:

Number of Family Members: _____

Number of Children: _____

Child's Full Name

Child's Date of Birth/Age

(Signature of Applicant)

(Date)

REQUEST FOR ASSISTANCE

PROGRAM INFORMATION

Semester Information: (Check One) Fall	_____	Spring	_____	Summer	_____
Program/Major:	_____	Program Chair	_____		
Projected Graduation Date:	_____				
No. Hours Enrolled:	_____	Schedule Attached:	_____	Pell Letter Attached:	_____

SERVICES APPLIED FOR OR CURRENTLY RECEIVING

(Please put "A" for applied or "R" for receiving.)					
_____ Pell grant	_____ DARS	_____ Social Security	_____ CCS		
_____ Student Loans	_____ WIA	_____ Veterans Benefits	_____ TANF		
_____ Food Stamps	_____ Child support	_____ Other	_____		

Child Care Assistance Program
Participant Agreement Form

DATE: _____

I _____ fully understand that:

(Please initial on line)

_____ In order to receive Child Care assistance from Texas State Technical College Marshall, I meet special population eligibility requirements.

_____ I should be a returning student presently receiving or eligible to receive Federal Aid (Pell Grant).

_____ I will remain a full-time student at Texas State Technical College Marshall, enrolled in a minimum of 12 Credit Hours, while I am receiving child care assistance through this program.

_____ I will maintain a 2.0 semester grade point average or higher.

_____ There is no guarantee for continuation of childcare payments. (*Child care payments are subject to cancellation when funds are no longer available, or if I become ineligible i.e. change of income, failure to submit proper documentation, etc.*)

_____ I agree to provide the COUNSELOR with a copy of my class attendance form every Monday by noon.

_____ I agree that Texas State Technical College Marshall will not assume any responsibility in the selection of a licensed or registered child care facility or in the care of my child(ren) while they are enrolled in the facility of my choice.

_____ I agree to complete and sign the necessary paperwork with the COUNSELOR to qualify for Child Care Assistance at TSTC Marshall.

_____ I agree to attend the mandatory meeting near the end of each semester to notify the COUNSELOR of child care assistance needs for the next semester.

_____ I understand that completing this form does not guarantee that I will receive Child Care funds.

Student's Signature _____

Failure to comply with above guidelines above may result in the termination of child care assistance

Child Care Fee Sheet

DATE: _____

STUDENT: _____

ADDRESS: _____

TELEPHONE _____

This is to verify that the applicant, whose name appears above, has one child or more enrolled into your Child Care program. (To be filled out by Child Care Provider.)

Facility/Caregiver Name: _____

Address: _____

Telephone: _____

Tax ID #: _____

How many children does applicant have enrolled in your center? _____

List Child(ren) name and age: _____

What is the weekly rate for each child? _____

Upon enrollment, this form must be signed by the day care center's director and returned to:

Learner Support Services
TEXAS STATE TECHNICAL COLLEGE
P.O. BOX 1269
MARSHALL, TEXAS 75671

Day Care Director's Signature

Date

RELEASE OF INFORMATION

Name: _____ **Program:** _____

I understand that I may be asked to provide documentation verifying material, parental or financial status. I acknowledge that the information given in this application is true and accurate to the best of my knowledge and that deliberate supplying of false or inaccurate data will adversely effect my application for services. I further understand that if my application is approved, I will be subject to all provisions and guidelines of the TSTC policies and procedures.

At some point the Counselor may have to speak with other agencies, or persons concerning other services that may be available to me. Or, I may be receiving some of the following services. TSTC must have your signature to release, or receive information from other agencies.

I hereby authorize the Counselor to exchange information in order to determine eligibility for assistance or services from the following agencies: (Please initial each that applies.)

- _____ Child Care Center ****
(name) _____
- _____ CCS (Child Care Services)
- _____ WIA (Workforce Investment Act)
- _____ DARS (Department of Assistive & Rehabilitative Services)
- _____ VA (Veteran's Administration)
- _____ DHS (Department of Human Services)
- _____ SSA (Social Security Administration)
- _____ other _____

My initials indicate those agencies, or persons which may be contacted on my behalf. I understand this consent may be revoked at any time by contacting Learner Support in writing.

(Student Signature)

(Date)

(LSS Signature)

(Date)

Application Checklist

The more complete the application packet is when it is received, the faster it can be processed.

Please check when completed:

- _____ Completed Application
- _____ Copy of your Financial Aid (Pell) Award letter.
- _____ Proof of birth or legal guardianship of children
- _____ Release of Information (signed)
- _____ Copy of Class Schedule
- _____ Day Care Fee sheet signed by child care provider

NOTE: Be sure you have signed and dated your application and listed your program.

The application packet may be mailed to:

LaShondra Manning
Counselor, Learner Support Services
TSTC Marshall
2650 East End Blvd. S
Marshall, Texas 75672