



**PennState**

***The Pennsylvania State University Student-Parent Child Care Subsidy Program Fall 2017 Application***

New Applicant     Returning Applicant    Last Semester Awarded Subsidy: \_\_\_\_\_

Student Information:

Last Name:		First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Penn State Student ID #:		PSU Campus:	PSU Email:	
Home/Cell Phone #:	Address:		City/ State/ Zip Code:	

Student Biographical Information:

<b>Single:</b> <input type="checkbox"/> Head of Household <input type="checkbox"/> Dependent (living with parent or guardian) <input type="checkbox"/> Father/Mother of child(ren) lives in household	<b>Married:</b> <input type="checkbox"/> 1 student parent attending PSU <input type="checkbox"/> 2 student parents attending PSU
<b>Ethnicity: (check all that apply)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races	<b>Are you or is your spouse a member of the military?</b> <input type="checkbox"/> Yes, I am <input type="checkbox"/> No, I am not <input type="checkbox"/> Yes, my spouse is
	<b>Are you the first person from your family to attend college?</b> <input type="checkbox"/> Yes, no one else has attended <input type="checkbox"/> No, my sibling attended before me <input type="checkbox"/> No, my parent attended before me

Student Academic Information:

Degree Program/ Major: _____	What is your enrollment status? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time How many credits are you registered for? _____	Are you completing a Graduate Assistantship? <input type="checkbox"/> Yes <input type="checkbox"/> No
What degree will you hold you graduate? <input type="checkbox"/> Associates Degree (2 year) <input type="checkbox"/> Bachelor's Degree (4 year) <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	Have you attended any other college/ university? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of institution: _____ # of credits hours earned: _____	Anticipated Graduation Date: Month: _____ Year: _____ <hr/> Current GPA: _____

Student Financial Information:

Are you a Pell Grant recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, have you applied for Financial Aid this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Household Income: \$ _____			# of Members in Household: _____		
Please list all sources of income including any county assistance, child support, familial support, etc. below.					
	Yearly Amount		Source		
\$	_____	_____	_____	_____	_____
\$	_____	_____	_____	_____	_____
\$	_____	_____	_____	_____	_____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer:		Work hours per week: _____ / week	
Is your spouse/ partner currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer:		Work hours per week: _____ / week	

Student Child Care Information: *(please note funding can only be used to assist with the cost of 2 children in care)*

1 <sup>st</sup> Child Last Name:	Child First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child Care Provider:	Director's Name:	Phone Number:	Email Address:
Weekly Tuition Rate: \$ _____/Week	Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Type of Child Care Needed:	
Child Care Facility is Licensed by the PA Department of Welfare: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Care Facility is Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 <sup>nd</sup> Child Last Name:	Child First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child Care Provider:	Director's Name:	Phone Number:	Email Address:
Weekly Tuition Rate: \$ _____/Week	Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Type of Child Care Needed:	
Child Care Facility is Licensed by the PA Department of Welfare: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Care Facility is Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate other sources of subsidy you are currently receiving: <input type="checkbox"/> Federal Funding <input type="checkbox"/> State Funding <input type="checkbox"/> County Funding <input type="checkbox"/> Private Funding <input type="checkbox"/> N/A			

Consent:

Please initial to the left of each statement that you have read, understand and agree to the following information:

\_\_\_\_\_ I understand that the goal of the Student-Parent Child Care Subsidy Program is to assist me with child care expenses so that I can succeed in completing credit hours toward my degree and graduate.

\_\_\_\_\_ I understand that any changes made to my student status, financial status or provider status must be shared with the Student-Parent Child Care Subsidy Program within 10 days and these changes may result in the reduction or loss of subsidy.

\_\_\_\_\_ I understand that my child care provider must be licensed by the PA Department of Human Services

\_\_\_\_\_ I understand that my child care provider must be accredited OR a participant of the Keystone STARS program with a star rating of at least 2.

\_\_\_\_\_ I understand that The Pennsylvania State University does not assume any liability for child care services and holds no responsibility for the quality of child care services provided.

\_\_\_\_\_ I understand that it is my responsibility to contract services directly with my child care provider and I am responsible for monitoring the quality of care my child(ren) receive from the provider I select.

\_\_\_\_\_ I understand that it is my responsibility to comply with my child care provider's policies and procedures. The Student-Parent Child Care Subsidy Program cannot be held responsible for any payment balance beyond what is awarded or any other fees that occur as a result of my failure to comply with my child care provider's regulations.

\_\_\_\_\_ I understand that I will be asked to participate in regular, ongoing and/ or post graduate surveys conducted by the Student-Parent Child Care Subsidy Program related to program evaluation including but not limited to income, employment, and quality of care services.

\_\_\_\_\_ I give my permission for the Student-Parent Child Care Subsidy Program to access my Penn State University records including student financial aid information, income level, and academic status. (All information will be kept confidential)

\_\_\_\_\_ I understand that my subsidy award is contingent upon funding by The Pennsylvania State University.

\_\_\_\_\_ I understand that submission of this application does not guarantee funding

*My signature on this application indicates my willingness to fully participate in the Student-Parent Child Care Subsidy Program. I certify that I have read and agree to comply with all program requirements. I understand that failure to act in accordance to these terms will result in the loss of my subsidy award.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please send your completed application materials to:

The Pennsylvania State University  
Student-Parent Child Care Subsidy Program  
406 James M. Elliott Building  
Office of Human Resources  
University Park, PA 16802

Or send by application materials by e-mail  
to- [subsidy@psu.edu](mailto:subsidy@psu.edu)