The Pennsylvania State University Student-Parent Child Care Subsidy Program Spring 2018 Application

☐ New Applicant  ☐ Returning Applicant  Last Semester Awarded Subsidy: _______________

Student Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Gender:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Male  ☐ Female</td>
</tr>
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<table>
<thead>
<tr>
<th>Penn State Student ID #:</th>
<th>PSU Campus:</th>
<th>PSU Email:</th>
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<table>
<thead>
<tr>
<th>Preferred Phone #:</th>
<th>Address:</th>
<th>City/ State/ Zip Code:</th>
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Student Biographical Information:

Single:
- ☐ Head of Household
- ☐ Dependent (living with parent or guardian)
- ☐ Father/Mother of child(ren) lives in household

Married:
- ☐ 1 student parent attending PSU
- ☐ 2 student parents attending PSU (or spouse attends other college/institution)

Ethnicity: (check all that apply)
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian/ Pacific Islander
- ☐ White
- ☐ Two or More Races

Are you or is your spouse a member of the military?
- ☐ Yes, I am
- ☐ No, I am not
- ☐ Yes, my spouse is

Are you the first person from your family to attend college?
- ☐ Yes, no one else has attended
- ☐ No, my sibling(s) attended before me
- ☐ No, my parent(s) attended before me

Student Academic Information:

Degree Program/ Major: __________________________

What is your enrollment status?
- ☐ Full Time  ☐ Part Time

How many credits are you registered for? ________

What degree will you hold you graduate?
- ☐ Associates Degree (2 year)
- ☐ Bachelor’s Degree (4 year)
- ☐ Master’s Degree
- ☐ Doctorate Degree

Have you attended any other college/ university?
- ☐ Yes  ☐ No

Name of institution: __________________________

# of credits hours earned: ____________

Are you completing a Graduate Assistantship?
- ☐ Yes  ☐ No

Anticipated Graduation Date:
- Month: _________
- Year: _________

Current CGPA: _________
Student Financial Information:

Are you a Pell Grant recipient?  ☐ Yes  ☐ No  If no, have you applied for Financial Aid this year?  ☐ Yes  ☐ No

Annual Household Income: $________________________  # of Members in Household: ___________

Please **list all sources of income** including any county assistance, child support, familial support, etc. below:

<table>
<thead>
<tr>
<th>Yearly Amount</th>
<th>Source</th>
</tr>
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<tbody>
<tr>
<td>$___________</td>
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</tr>
<tr>
<td>$___________</td>
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<tr>
<td>$___________</td>
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</tbody>
</table>

Are you currently employed?  ☐ Yes  ☐ No  Employer:  Work hours per week: ___________ / week

Is your spouse/partner currently employed?  ☐ Yes  ☐ No  Employer:  Work hours per week: ___________ / week

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**Student Child Care Information (please note):**

1. *Funding can only be used to assist with the cost of 2 children in care*

2. *You must have a registered and secured spot at the child care center listed below. We will contact the listed childcare provider to confirm during the application review process*

3. *You cannot receive PSU Subsidy and any other form of child care assistance/subsidy (i.e. PreK Counts, CCIS, NACRA, Child Care Aware, etc)*

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<table>
<thead>
<tr>
<th>1st Child Last Name:</th>
<th>Child First Name:</th>
<th>Date of Birth:</th>
<th>Gender:  Male ☐ Female ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Provider:</td>
<td>Director’s Name:</td>
<td>Phone Number:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

Weekly Tuition Rate: $___________/Week  Child Enrollment Status: ☐ Full-Time ☐ Part-Time  Type of Child Care Needed:

Child Care Facility is Licensed by the PA Department of Welfare: ☐ Yes  ☐ No
Child Care Facility is Accredited: ☐ Yes  ☐ No
Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: ☐ Yes  ☐ No

**Start Date for Child Care:** ______________________

<table>
<thead>
<tr>
<th>2nd Child Last Name:</th>
<th>Child First Name:</th>
<th>Date of Birth:</th>
<th>Gender:  Male ☐ Female ☐</th>
</tr>
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Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: ☐ Yes  ☐ No

**Start Date for Care:** ______________________

Please indicate other sources of subsidy (i.e. CCIS, NACRA, Pre-K Counts) you are currently receiving and amount of your co-payment: $___________ (Source: ___________________)

☐ Federal Funding  ☐ State Funding  ☐ County Funding  ☐ Private Funding  ☐ 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 KeystoneSTARS 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 must maintain a cumulative grade point average (CGPA) of 2.5 to remain eligible for the Student Parent Child Care Subsidy.

_______ I understand that I am required to volunteer a minimum of 1 hour per semester at my participating child care provider to remain eligible for the Student Parent Child Care Subsidy Program.

_______ 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
Ready to submit? Have you included (no screen shots please):

___ Application
___ Course schedule
___ Tuition Bill (for the semester you are applying)
___ Financial Aid Report (if applicable)
___ 2016 Year Tax Return
___ 1 month of paycheck stubs for working spouse/partner (or waiver form)
___ Graduate Assistantship Letter (if applicable)

Please send your completed application materials (in PDF form- no screen shots, please!) to:

The Pennsylvania State University
Student-Parent Child Care Subsidy Program
Human Resources
James M. Elliott Building 4th Floor
120 S. Burrowes Street
University Park, PA 16802

(After December 4, 2017)
The Pennsylvania State University
Student-Parent Child Care Subsidy Program
Human Resources
The 331 Building, Suite 200
University Park, PA 16802

OR:
E-mail (in PDF form- no screen shots, please!): subsidy@psu.edu
Fax: (814) 865-6820