ROBESON COMMUNITY COLLEGE

Financial Aid Office

RCC CHILDCARE CARE ELIGIBILITY GUIDELINES

To be eligible for RCC's Childcare Program students must:

- Submit copies of each child's birth certificate and social security card being considered for childcare assistance.

- Be enrolled in either a degree or diploma program.

- Be enrolled 12 daytime credit hours or more on the RCC campus.

- Be in good academic standing according to RCC's academic policies.

- Be eligible for full Pell Grant funding through the Department of Education.

- Not be receiving any other financial assistance with childcare (DSS or other government assistance)!

*Applications are reviewed based on need, completeness, and date received. All students who qualify for assistance will not be able to receive funding due to limited funds, but every effort will be made to assist as many students with the limited funding the RCC Financial Aid Office receives.

Students who are selected for childcare assistance:

- Must select a state approved childcare facility.

- Must have the childcare facility complete all necessary paperwork and return it to the RCC Financial Aid Office.

- Must understand that any changes to the student's schedule must be reported to the RCC childcare coordinator immediately.

- Must understand that childcare funds will exhaust before the end of the school year and plan accordingly.

ROBESON COMMUNITY COLLEGE

Financial Aid Office

Childcare Assistance Application

A. Student's Information

_____	_____	_____	_____
Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number

_____   _____
Student's Street Address (include apt. no.)   Student's Date of Birth

_____   _____
City   State   Zip Code   Student's Email Address

_____   _____
Student's Home Phone Number (include area code)   Student's Alternate or Cell Phone Number

B. Children in Need of Childcare

_____   _____   _____
Name   Social Security Number   Age

_____   _____   _____
Name   Social Security Number   Age

_____   _____   _____
Name   Social Security Number   Age

_____   _____   _____
Name   Social Security Number   Age

List the number of people in your household: _____

Are you currently employed? [   ] **Y** or **N** [   ]

Employer Name: _____

Please check any of the following you have received in the past year:

☐ SSI/Disability

☐ SNAP Benefits (Food Stamps)

☐ TANF

☐ Unemployment Compensation

☐ WIC

Do you currently receive any other childcare assistance?   [   ] **Y** or **N** [   ]   __

C. Signatures   **I certify that all information on this application in true and correct.**

_____   _____
Signature of Applicant   Date

_____   _____
Signature of Applicant   Date

ROBESON COMMUNITY COLLEGE

Financial Aid Office

Student Name: _____   Student SSN: _____

FOR EQUAL OPPORTUNITY STATISTICAL PURPOSES ONLY

Gender:
- ☐ Male
- ☐ Female

Ethnic Background:
- ☐ Native American
- ☐ African American
- ☐ Caucasian
- ☐ Hispanic
- ☐ Bi-racial
- ☐ Other (please specify) _____

Marital Status:
- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced

Course of Study (Major):   _____

Signature of Applicant: _____   Date: _____

Submit this document to the financial aid administrator at your school.

You should make a copy of this document for your records.

Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360

Completed form may be faxed to 910.618.5686 or emailed to bnolley@robeson.edu