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.
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.): ________
City: __________ State: __________ Zip Code: ________
Student's Date of Birth: _________________________
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 is true and correct.

__________________________ _________________________
Signature of Applicant Date

__________________________ _________________________
Signature of Applicant Date
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

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