

CAP

"Childcare Assistance Program"

ISU Child Care & Family Resources

Complete and return the application to:

Family Resource Center, 2623 Bruner Drive, Suite 1010, Ames, IA, 50010

OR scan and send electronically to ccfamily@iastate.edu

(515) 294-8827 or (515) 294-3149

FORM G: FOR ALL GRADUATE/PROFESSIONAL OR INTERNATIONAL UNDERGRADUATE STUDENTS

APPLICATION PACKET

STUDENT IDENTIFYING INFORMATION:

First Name: _____ Last Name: _____

University ID#: _____ ISU Email: _____

US Postal Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Marital Status: Single Living with Partner Married Separated/ Divorced

Father/Mother of the child lives with us: YES NO

Name of Spouse/Partner: _____ Is partner a student at ISU? YES NO

Are you a citizen or permanent resident of the U.S.? YES NO

If no, what is your immigration status? _____ Country _____

STUDENT ACADEMIC INFORMATION:

Major: _____ College/Dept: _____

Anticipated date of graduation: _____

Classification: Undergraduate Master's Professional/PhD Senior

I am currently enrolled in classes. Include # of credits: Fall _____ Spring _____

I have a graduate teaching assistantship (teaching or research-based). Include # of hours _____

I am enrolled in a practicum or internship related to my degree/studies. Include # of hours _____

I am involved in dissertation or thesis work. Include # of hours _____

Other, please describe: _____

FAMILY INFORMATION:

Number of adults in the household: _____

Number of adults in the household enrolled in postsecondary education: _____

Names and ages of all children under the age of 18 who reside with you in your home:

Name of child you are requesting a scholarship for (*one child ONLY*): _____

Birthdate of that child: _____

Do you use a paid child care provider to fulfill your academic responsibilities? YES NO

Name of your child's child care provider(s): _____

Childcare Assistance is requested for the following semesters: (*check all that apply*): Fall Spring

(*scholarships are not awarded for summer terms*)

STUDENT'S STATEMENT OF RESOURCES

Please fill in the total amount of funds and/or resources available to you. If a line does not apply to you, enter zero.

Student's Name: _____ ISU Email: _____

University ID#: _____ Phone: _____

<u>INCOME RESOURCES</u>	<u>AMOUNT RECEIVED</u>
Annual household adjusted gross income or current annual salary/wages, if this is a different amount (include partner/spouse's salary)	\$ _____
Annual value of other monetary receipts (child support, alimony, state or government subsidies, DHS Child Care Assistance, dividends, Social Security, Worker's Comp or similar benefits, etc.) <i>(International students must include the dollar value of their sponsorship from their government, parents or other support)</i>	\$ _____
Annual monetary value of gifts or payments made by others on your behalf (for tuition, food, rent utilities, child care, etc.)	\$ _____
Balance in savings account(s)	\$ _____
Investment balance (CD's, stocks, bonds, etc.) <i>(Do not include children's savings or TIAA, IRA, KEOGH, 401 (k) and other qualified retirement amounts)</i>	\$ _____
Any other sources of financial support not listed above. Please specify.	
Resource	Amount
_____	\$ _____
_____	\$ _____

My signature below confirms that the above information is accurate and complete. I understand that verification regarding the above information can be requested at any time. I further authorize the ISU Office of Student Financial Aid to release to the office of ISU Child Care & Family Resources additional information concerning my financial and/or academic records as needed to complete the application process. If I knowingly have provided inaccurate, incomplete, or false information, I understand that I may lose my child care funding and/or be responsible for reimbursing the CAP program.

Signature of Student Date

FOR OFFICE USE ONLY

Date Application Received _____ Approved YES NO Claimed Fall \$ _____ Spring \$ _____

ESSAY

All applicants must complete this section.

Tell us your story

Please include any information you would like the CAP team to consider when reviewing your application (e.g., financial need, the impact a CAP scholarship would have on your education, and/or other extenuating circumstances). Feel free to use additional paper if needed.

Signature of Student

Date