

CAP

"Childcare Assistance Program"
 At Iowa State University
 Academic Year: Fall 2016-Spring 2017

FORM U: FOR UNDERGRADUATE U.S. CITIZENS**APPLICATION PACKET**

If you are not married but living with the other parent of the child receiving services, you must provide his/her financial information.

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, please use Form G)***

STUDENT ACADEMIC INFORMATION:

Major: _____ College/Dept: _____
 Anticipated date of graduation: _____
 Classification: Freshman Sophomore Junior Senior
 I am currently enrolled in classes. Include the # of credits: Fall 2016 _____ Spring 2017 _____
 I am enrolled in a practicum or internship related to my degree/studies. Include # of hours _____
 Other, please describe: _____

FAMILY INFORMATION:

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

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

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

Birthdate of that child: _____

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

Childcare Assistance is requested for the semesters: (*check all that apply*): Fall 2016 Spring 2017

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: _____

Current annual salary/wages (including partner/spouse 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.) _____

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.)
(Do not include children's savings or TIAA/CREF, IRA, KEOGH, 401(k) and other qualified retirement accounts.) _____

Any other sources of financial support not listed above. Please specify. _____

Number of adults in the household: _____

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

If you feel that you have unusual circumstances that require consideration, feel free to share that information.
(Use additional paper as necessary)

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 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

Complete and return the attached application form to:
ISU Child Care & Family Resources
100 University Village, 2623 Bruner Drive, Suite 1010
Ames, IA 50010
(515) 294-3149 or (515) 294-8827

OR scan and send electronically to:
ccfamily@iastate.edu