Iowa State University

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 U: FOR UNDERGRADUATE U.S. CITIZENS

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, please use Form G)

STUDENT ACADEMIC INFORMATION:
According to my FAFSA status, I am considered a(n): ___ Independent Student ___ Dependent Student
Major: ______________________________________ College/Dept: __________________________
Anticipated date of graduation: _____________________________
Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior *(If other classification, please use Form G)
___ I am currently enrolled in classes. Include # of credits: Fall __________________ Spring _________________
___ I am enrolled in a practicum or internship related to my degree/studies. 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)

*Form G can be found on the ISU Child Care & Family Resources website at
http://childcare.hr.iastate.edu/financial-assistance#. Click the ‘CAP-G’ button to access the application.
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: ______________________

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<thead>
<tr>
<th>INCOME RESOURCES</th>
<th>AMOUNT RECEIVED</th>
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<tbody>
<tr>
<td>Annual household adjusted gross income or current annual salary/wages, if this is a different amount (include spouse’s salary)</td>
<td>$ __________</td>
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<td>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.)</td>
<td>$ __________</td>
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<tr>
<td>Annual monetary value of gifts or payments made by others on your behalf (for tuition, food, rent utilities, child care, etc.)</td>
<td>$ __________</td>
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<tr>
<td>Balance in savings account(s)</td>
<td>$ __________</td>
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<td>Investment balance (CD’s, stocks, bonds, etc.)</td>
<td>$ __________</td>
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<tr>
<td>(Do not include children’s savings or TIAA, IRA, KEOGH, 401 (k) and other qualified retirement amounts)</td>
<td>$ __________</td>
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<td>Any other sources of financial support not listed above. Please specify.</td>
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Resource                                                                 | Amount |
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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   Claimed
☐ YES    ☐ Fall $ __________
☐ NO     ☐ 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