

CHILDCARE assistance PROGRAM

Graduate Students International Undergraduate Students

OFFICE USE ONLY	
DATE RECEIVED:	
<input type="checkbox"/> APPROVED	Fall: Spring:
<input type="checkbox"/> CLAIMED	Fall: Spring:
DATE/S SENT TO SFA	
<input type="checkbox"/> DENIED	<input type="checkbox"/> Ineligible <input type="checkbox"/> Funding

This application must be completed in its entirety; incomplete applications will be returned. If an item does not apply, please indicate with "NA".

SECTION I - PARENTING STUDENT INFORMATION			
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH
LOCAL ADDRESS	CITY	STATE	ZIP CODE
PHONE	ISU EMAIL	9-DIGIT ISU ID#	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living with Partner <input type="checkbox"/> Separated/Divorced	HOUSEHOLD SIZE # Adults # Children	MEMBER OF THE MILITARY <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> N/A	
SPOUSE/PARTNER'S FIRST NAME	SPOUSE/PARTNER'S LAST NAME	<input type="checkbox"/> Spouse/Partner is also the biological parent of my child <input type="checkbox"/> Spouse/Partner is a student at Iowa State University	
ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No - please provide: Immigration status: Home country:			

SECTION II - ACADEMIC INFORMATION			
STUDENT STATUS <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student	CLASSIFICATION <input type="checkbox"/> Undergraduate <input type="checkbox"/> Professional <input type="checkbox"/> Master's <input type="checkbox"/> PhD	CUMULATIVE GPA	NUMBER CREDIT HOURS Fall Semester Spring Semester
MAJOR	MINOR	EXPECTED GRAD SEMESTER & YEAR	
GRADUATE ASSISTANTSHIP <input type="checkbox"/> NO <input type="checkbox"/> YES - # hours: <input type="checkbox"/> N/A	INTERNSHIP/PRACTICUM <input type="checkbox"/> NO <input type="checkbox"/> YES - # hours: <input type="checkbox"/> N/A	DISSERTATION/THESIS RESEARCH <input type="checkbox"/> NO <input type="checkbox"/> YES - # hours: <input type="checkbox"/> N/A	

SECTION III - CHILD CARE INFORMATION		
Please provide information regarding all children under the age of 18 living in the household. CAP scholarships are awarded to the student parent regardless of the number of children enrolled in child care.		
CHILD'S NAME (for whom you pay child care tuition and/or fees)	CHILD'S GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CHILD'S DATE OF BIRTH
CHILD CARE PROVIDER NAME	CHILD CARE PROVIDER ADDRESS	CHILD CARE PROVIDER PHONE
LENGTH OF TIME AT CURRENT CHILD CARE PROGRAM	AVERAGE COST OF CARE PER WEEK	
NAMES & AGES OF OTHER CHILDREN UNDER 18 YEARS LIVING IN THE HOUSEHOLD		

STUDENT NAME	9-DIGIT ISU ID#
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SECTION IV – ESSAY

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

STUDENT NAME	9-DIGIT ISU ID#
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SECTION V – HOUSEHOLD INCOME

Unmarried students living in the same household as the child's other biological parent must include the other parent's financial resources in the figures below.
 Married students must include a spouse's financial resources in the figures below, even if the spouse is not the child's biological parent.
 International students must include the dollar value of their sponsorship from their government, parents, or other parties.

Annual household gross income or current annual salary/wages received from employment and/or graduate assistantships	\$
Annual household income from other sources , including but not limited to child support, alimony, state or government subsidies, dividends, Social Security, Worker's Comp, etc.	\$
Annual amount of gifts or payments made on student's behalf, including but not limited to rent, tuition, utilities, child care, etc.	\$
Current balance in savings account(s)	\$

Please provide information below regarding other sources of income not already entered above.

	\$
	\$
	\$

Indicate which, if any, government assistance services are currently being received.

<input type="checkbox"/> SNAP/Food Assistance	<input type="checkbox"/> FIP/Family Investment Program	<input type="checkbox"/> TANF/Temporary Assistance for Needy Families
<input type="checkbox"/> Welfare to Work	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Hawk-i
<input type="checkbox"/> DHS Child Care Assistance	<input type="checkbox"/> Other:	

CAP scholarships are awarded only during fall and spring semesters. <u>Recipients must be enrolled as a student at Iowa State University for each semester they are awarded a scholarship.</u> Please indicate the semesters for which you are requesting a scholarship.	<input type="checkbox"/> BOTH <input type="checkbox"/> FALL ONLY <input type="checkbox"/> SPRING ONLY
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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 Services 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 scholarship and/or be responsible for reimbursing the CAP program.

_____ Student Signature	_____ Date
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Applications must be received by **September 30, 2022. Return completed application by one of the methods below.**

By mail: ISU Child Care & Family Services
 ATTN: CAP Scholarship Application
 1010 Family Resource Center
 2623 Bruner Drive
 Ames, IA 50010

By email: worklife@iastate.edu
 PDF format only