**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

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

**APPLICATION PACKET**

**STUDENT IDENTIFYING INFORMATION:**

<table>
<thead>
<tr>
<th>First Name: _____________________________</th>
<th>Last Name: __________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>University ID#: _________________________</td>
<td>ISU Email: _______________________________</td>
</tr>
<tr>
<td>US Postal Address: ______________________</td>
<td>City: _________________________________</td>
</tr>
<tr>
<td>State: ___________</td>
<td>Zip: _______________</td>
</tr>
</tbody>
</table>

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)*

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**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: ____________________________

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**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)*

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*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: ___________________________

<table>
<thead>
<tr>
<th>INCOME RESOURCES</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual household gross income or current annual salary/wages, if this is a different amount (include spouse’s salary)</td>
<td>$ __________</td>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Balance in savings account(s)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Investment balance (CD’s, stocks, bonds, etc.) (Do not include children’s savings or TIAA, IRA, KEOGH, 401 (k) and other qualified retirement amounts)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Any other sources of financial support not listed above. Please specify.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$ ___</td>
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<td></td>
<td>$ ___</td>
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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