**Generic Community College and Technical Institute**

**Child Care Support Request Form**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation**

The undersigned attests that I require financial assistance for childcare expenses to participate fully in my Career and Technical Education (CTE) program. I confirm the following:

1. I am enrolled in a Perkins-eligible CTE program at Generic Community College and Technical Institute.  
2. I have a dependent child/child requiring childcare services during my class times or required program activities.  
3. I am not receiving sufficient support from other funding sources (e.g., state childcare subsidies, social services, etc.) to cover my childcare expenses because I have either been denied, placed on a waitlist, or have been informed the child care funding has been exhausted.   
  
I understand that Perkins funds are intended to address unmet needs, and I certify that the childcare assistance requested is necessary for my ability to participate in my program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This completed form must be submitted to the Office of Financial Aid to be considered for the Child Care Grant program.**

**For College Use Only**

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification Checklist:**

Enrollment Status Confirmed: ☐ Yes ☐ No

Special Population Status Confirmed: ☐ Yes ☐ No

Unmet Need Confirmed: ☐ Yes ☐ No

**Recommendation by Staff:**

☐ Approve

☐ Deny

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Approval by Administrator:**

☐ Approve

☐ Deny

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Administrator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_