

Fall 2022 Child Care Grant Application

Parent's/Guardian's Name: _____

Address: _____

Email Address: _____

M#: _____ Phone Number: _____

Marital Status: ☐ Single ☐ Domestic partner, not married ☐ Married ☐ Widowed ☐ Separated

Ethnicity (Select all that Apply): ☐ Asian ☐ Pacific Islander ☐ Hispanic/Latino
☐ Black/African American ☐ Native American ☐ White ☐ Other

Is there another adult in the household (co-parent, partner, family member, etc.)? ☐ No ☐ Yes

If yes, please list names and relationships to you _____

How many children do you have? _____

Is one or more of your children school-aged? ☐ No ☐ Yes

Are you (or the additional adult currently employed (including self-employment)? ☐ No ☐ Yes

Total number of members in your household _____

Are you or your partner (if listed) first generation college students (select YES if none of your parents earned a college degree)? ☐ No ☐ Yes

Are you receiving any of the following? (Select all that Apply)

☐ Child Care Payment Assistance

☐ Families First

☐ SNAP

☐ WIC

☐ Cash Assistance

☐ TENN Care Kids or Cover Kids

☐ TEIS

☐ Housing Assistance/Section 8

Do you celebrate all holidays listed on the standard calendar? If no, please elaborate on holidays you do or do not celebrate. ☐ No ☐ Yes

Which topics for workshops interest you?

- ☐ Academic or career counseling/guidance
 - ☐ School/work/life balance
 - ☐ Child discipline
 - ☐ Financial balance
 - ☐ Mental health support
 - ☐ Meditation
 - ☐ Co-parenting
 - ☐ Other (write as many as desired)
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List the children in the household that will need childcare or before/after school care in the spaces below.

Child's Name: _____

Child's Birthdate: _____

Is he/she currently enrolled in a childcare or a before/after school program?

☐ No ☐ Yes

If yes, what is the name of the program? _____

Child's Name: _____

Child's Birthdate: _____

Is he/she currently enrolled in a childcare or a before/after school program?

☐ No ☐ Yes

If yes, what is the name of the program? _____

* You are applying for a childcare grant for Fall 2022 only. A separate application will be required to be eligible for future childcare grants.

* By the sixth (6th) week of the Fall 2022 semester, you must begin submitting monthly receipts from your designated childcare center or before/after school program and/or bank statements listing deductions from your designated childcare or before/after school program.

* MTSU makes every effort to protect the privacy of your educational record. If a grant/scholarship requires that you demonstrate financial need/low income, which is determined by need analysis resulting from the free application for federal student aid (FAFSA), do you authorize the MTSU Financial Aid and Scholarship office to release relevant information from the FAFSA such as federal Pell eligibility, expected family contribution (EFC), and outstanding unmet need beyond other educational assistance sources? If you do not authorize the MTSU Financial Aid and Scholarship office to release this information, then you will not be considered for any grant/scholarship that requires you to demonstrate financial need/low income. You must also have a current year FAFSA on file with MTSU.

☐ Yes, I authorize the MTSU Financial Aid and Scholarship office to release relevant information from my FAFSA.

☐ No, I do not authorize the MTSU Financial Aid and Scholarship office to release relevant information from my FAFSA.

Parent's Signature: _____ Date: _____