



2024-2025 Child Care Assistance Application

Applicants will be selected on a first come, first serve basis, and need. You will be notified of your approval or denial. All applications are held and reviewed throughout the semester/academic year in case of an opening in the Child Care program.

Note: The Child Care Assistance Program is awarded upon available funding each year.

Have you completed a 2024-2025 Free application for Federal Student Aid (FAFSA)?

YES NO **(Required for Child Care Assistance)**

Student's Information	
Name:	
Student ID #	Email:
Address:	
County:	Phone Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, divorced, widowed, separated)	

Child(ren)'s Information			<i>*You must have custody of the child listed below</i>
Full Name	Age	Date of Birth	
Are you receiving any other childcare assistance from other resources? (DSS, parental support, etc.)			
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what source? _____			

Registered/Licensed Child Care Provider Information	
Director of Facility:	
Name of Facility:	
Address of Facility:	
Phone #:	Email:
Cost (specific weekly amount): \$	

RETURN APPLICATION TO:

RCCC ATTN: Angela Nzinga 1531 Trinity Church Rd. Concord, NC 28027

Email: angela.nzinga@rccc.edu

Fax: 704-216-8073

Submit online at: <https://bit.ly/RCCCFASubmissionLink>

Enrollment Status		<i>*Childcare is NOT available during the break between Fall and Spring semesters</i>			
Current Program of Study:			Anticipated Credit hours:		
Semesters Enrolled:	<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Spring 2025	<input type="checkbox"/> Summer 2025		
<input type="checkbox"/> Day Classes	<input type="checkbox"/> Evening Classes				
<input type="checkbox"/> New student	<input type="checkbox"/> Continuing Student				
Campus Location(s):	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> CBTC	<input type="checkbox"/> NCRC	<input type="checkbox"/> College Station <input type="checkbox"/> CATC

- I agree to promptly complete all necessary forms for my child to maintain childcare.
- I understand that should I withdraw completely or stop attending classes, all assistance will terminate.
- I understand I must maintain a 2.0 GPA requirement to receive assistance.
- I understand it is my responsibility to notify the Financial Aid Office immediately if my credit hours drop below half-time (6 credit hours).
- I understand the NC Child Care Grant funds may not be awarded until AFTER the semester begins. I am prepared to accept responsibility for childcare payments in the absence of funding.
- If approved, I understand my class attendance will be monitored to ensure that I maintain at least half-time enrollment throughout the semester.
- I understand that applications for Child Care assistance must be filled out on a yearly basis.
- I have read and fully understand the Child Care guidelines and application.

I certify all information submitted is correct. I understand that priority will be given to full-time students (12 Credit hours), but I may be eligible if registered for at least 6 credit hours (must be campus-based classes). I understand that enrollment in minimester and online courses may be eligible on a limited basis. I understand that submission of this application does not guarantee that I will be approved for a grant.

Signature

Date

FOR OFFICE USE ONLY

APPROVED

DENIED

Program of study: _____ **GPA:** _____

Reason for Denial:

EFC

Not Enrolled

Less than 6 credit hours

Incomplete Application

Other: _____

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