SAI:_____ Date: _____

2026-2027
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 2026-2027 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: ☐ **Married** ☐ **Unmarried (Single, divorced, widowed, separated)**	

Child(ren)'s Information	***You must have custody of the child listed below***	
Full Name	**Age**	**Date of Birth**

Are you receiving any other childcare assistance from other resources? (DSS, parental support, etc.)

☐ YES ☐ NO If yes, what source?_____

Registered/Licensed Child Care Provider Information	
Director of Facility:	
Name of Facility:	
Address of Facility:	
Phone #:	**Email:**

RETURN APPLICATION TO:

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

Submit online at: www.rccc.edu/fa-support-docs

Email: angela.lewis@rccc.edu

Cost (specific monthly amount): $

Enrollment Status	***Childcare is NOT available during the break between Fall and Spring semesters***	
Current Program of Study:		**Anticipated Credit hours:**
Semesters Enrolled:	☐ Fall 2026 ☐ Spring 2027 ☐ Summer 2027	
☐ Day Classes ☐ New student	☐ Evening Classes ☐ Continuing Student	
Campus Location(s):	☐ North ☐ South ☐ CBTC ☐ NCRC ☐ College Station ☐ CATC ☐ Online	

- 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:

☐ **SAI** ☐ **Not Enrolled** ☐ **Less than 6 credit hours**

☐ **Incomplete Application** ☐ **Other:** _____

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