



**SPOUSE /PARTNER DATA:**

Spouse/partner name \_\_\_\_\_  
First Name MI Last Name

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Spouse / partner is: \_\_\_\_\_ WVU student .....Also applying for SCCAP \_\_\_\_\_ yes \_\_\_\_\_no  
\_\_\_\_\_ **NOT** WVU student (skip next 3 lines)

Student ID # \_\_\_\_\_ full-time student \_\_\_\_\_ part-time student \_\_\_\_\_

Year In School \_\_\_\_\_ # of total credits \_\_\_\_\_ Expected Graduation date \_\_\_\_\_

# of credits enrolled for Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_ Fall \_\_\_\_\_

**CHILD(REN) DATA:**

Name of eligible child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

1. \_\_\_\_\_

(Name of Child Care Facility/Provider): \_\_\_\_\_ Cost of Care \_\_\_\_\_  
(Monthly)

Facility/Provider Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Director/Owner: \_\_\_\_\_

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Name of eligible child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

2. \_\_\_\_\_

(Name of Child Care Facility/Provider): \_\_\_\_\_ Cost of Care \_\_\_\_\_  
(Monthly)

Facility/Provider Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Director/Owner: \_\_\_\_\_

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Name of eligible child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

3. \_\_\_\_\_

(Name of Child Care Facility/Provider): \_\_\_\_\_ Cost of Care \_\_\_\_\_  
(Monthly)

Facility/Provider Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Director/Owner: \_\_\_\_\_

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Name of eligible child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 4. \_\_\_\_\_  
 (Name of Child Care Facility/Provider): \_\_\_\_\_ Cost of Care \_\_\_\_\_  
 (Monthly)  
 Facility/Provider Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Director/Owner: \_\_\_\_\_

**Financial Information:**

Pell Grant Eligible: yes \_\_\_\_\_ no \_\_\_\_\_ Pell Grant recipient: yes \_\_\_\_\_ no \_\_\_\_\_

I receive state child care assistance from the Child Care Resource Center  
 no \_\_\_\_\_ yes \_\_\_\_\_ Parent fee \_\_\_\_\_ per day \_\_\_\_\_ Unaware of this program

From Mon. Co. Child Care Resource Center: yes \_\_\_\_\_ no \_\_\_\_\_ - other county \_\_\_\_\_  
 County name

❖ *SCCAP is separate from the state child care assistance program managed by the Child Care Resource Center (CCRC). Students are encouraged to participate in both of these programs.*

**Child Care Resource Center 304-292-7357 or toll free 1-888-272-7357**

I participate in the WVU Employee Child Care Assistance Plan yes \_\_\_\_\_ no \_\_\_\_\_

❖ *SCCAP is separate from the WVU Employee Child Care Assistance Program for benefits eligible employees managed by WVU Human Resources. Students may **not** participate in both WVU sponsored programs. Students are encouraged to explore both programs and participate in the one that best meets their family needs.*

**WVU Dept. of Human Resources 304-293-5700 or PO Box 6640**

**STUDENT AGREEMENT:**

The purpose of this agreement is to communicate an understanding of your responsibilities while attending West Virginia University and participating in the Student Child Care Assistance Program. We believe students should be aware of their responsibilities before agreeing to participate in the program. Thus, we request you carefully read this application and agreement before signing.

- I give my permission for Child Development & Family Support Services to access my student and financial aid records for programmatic purposes.
- I understand that the goal of SCCAP is to assist me with child care expenses so that I can succeed in completing credits towards my undergraduate degree program.
- I understand that I am responsible for providing verification of payment (receipt) with all of the required information and signatures by the deadline (8<sup>th</sup> of the month following receipt of services) in order to receive reimbursement.

- My participation in the program is dependent upon my successful completion of semester credits on a consistent basis towards my degree.
- If I drop classes during any given semester, I agree to contact Child Development & Family Support Services and understand that this may affect enrollment in SCCAP.
- I understand that SCCAP funds only UNDERGRADUATE education and is contingent upon available funding.
- I understand that I will be asked to complete regular program surveys evaluations and that this is mandatory for my ongoing funding through SCCAP.
- I will update my financial and academic status each and every semester that I am enrolled in SCCAP through the continuation request form.
- I understand that aggregate information, but no personal information will be shared with the Department of Higher Education in Washington D.C., who funds this program.

I understand that this application will be considered for eligibility but does not guarantee participation in the program. My signature on this application indicates that this is a true and complete statement of information and my willingness to fully participate in SCCAP if accepted. I understand and will fully comply with all program requirements. I further agree to contact Child Development & Family Support Services if my status as a student, either fiscally or academically, changes during the time that I am enrolled in SCCAP.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/  
Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the following:**

1. Complete and signed SCCAP application
2. A signed copy of your previous year's tax return or copy of child's birth certificate if no tax return was filed
3. Copy of class schedule for semester which you are applying for assistance with.

West Virginia University  
Child Development & Family Support Services  
P.O. Box 6411  
104 Purinton House  
Morgantown, WV 26506-6411

**Applications received without the above-mentioned attachments WILL NOT be processed.**

- ❖ *Students are required to submit a separate continuation request form prior to each semester in order to receive continued funding.*

West Virginia University is an equal opportunity/affirmative action institution. The University does not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, or veteran status.