

Student Family Resources

*Division of Student Life*

**Student Child Care Assistance Program (SCCAP)**

**Student Request for Financial Assistance**

**APPLICANT INFORMATION – PERSONAL DATA**

PLEASE TYPE OR PRINT

***Students should review SCCAP Policies and eligibility requirements located on our website at childcare.wvu.edu prior to submitting this application***

Today’s Date:

Applicant’s Name: (First) (MI) (Last)

WVU ID No: \*WVU Mix Account:

*\*All e-mail correspondence for this program will be sent via student’s mix account only.*

Country of Citizenship: Visa Type:

Mailing Address:

(Street) (City) (State) (Zip)

Cell Phone: Major: \_\_\_

Full-time student Part-time student Academic Rank: Fr. So. Jr. Sr. Masters Prof.

Total # of Credits Attained: Expected Graduation Date:

# of Credits Enrolled for: Fall Spring Summer I Summer II

Requesting Assistance for (circle): Fall / Spring / Summer

***The demographic information below is requested to provide information to granting agencies. No personal information will be shared. Feel free to ask a Student Family Resources (SFR) staff member if you have questions.***

**Are you a Veteran or Active Duty Military:** YesNo

**Pell Grant Eligible**: Yes No Not Sure

**Pell Grant Recipient:** Yes No

**Race/Ethnicity**: *(Select all that apply):*

American Indian or Alaskan Native Asian Black or African American

Hispanic or Latino White Native Hawaiian or Other Pacific Islander 2 or more races

**FAMILY DATA**

**Current Family Information:** *(Circle all that apply)*

1. Single, living only with child(ren) (no child support, city or county funds, parents, extended family, partner or roommate related to self or child).
2. Single, receiving funds or support through child support, city or county funds, living with parents, a partner, roommate related to self or child, extended family support.
3. Married, living only with children and spouse (no support-see listing above).
4. Married, receiving funds or support (see listing above).
5. If legally separated, (date) (also circle a. or b.)
6. If divorced, (date) (also circle a. or b.)

Is your spouse/partner, roommate or family member working or attending class during the time you attend classes? Yes No

**Spouse/Partner Data:**

Spouse/Partner Name:

(First) (MI) (Last)

Mailing Address:

(Street) (City) (State) (Zip)

Is your spouse/partner also a WVU student: Yes No

WVU ID No: \*WVU Mix Account:

*\*All e-mail correspondence for this program will be sent via student’s mix account only.*

Country of Citizenship: Visa Type:

Home Phone: Cell Phone:

Full-time student Part-time student Academic Rank: Fr. So. Jr. Sr. Masters Prof.

Total # of Credits Attained: Expected Graduation Date:

# of Credits Enrolled for: Fall Spring Summer I Summer II

**CHILD(REN) DATA**

*Use back of this sheet if you have more than two children*

**Child(ren):**

1. Child’s name: Age: Birth date:

Name of child care facility/provider: Cost of care:

(monthly)

Hours per week in Child Care:

1. Child’s Name: Age: Birth date:

Name of child care facility/provider: Cost of care:

(monthly)

Hours per week in Child Care:

I receive state child care assistance from the Child Care Resource Center: Yes No Unaware of this program

**FINANCIAL INFORMATION**

If no list reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what is your parent fee $ per day

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 required apply with the Child Care Resource Center prior to applying with the Student Child Care Assistance Program.* ***Monongalia County Child Care Resource Center 304-292-7357 or toll free 1-888-272-7357***

***Website: http://ccrcwv.org/***

I participate in the WVU Employee Child Care Assistance Plan: Yes No

*\*SSCAP 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 Department of Human Resources 304-293-5700 or PO Box 6640***

***Email: benefits@mail.wvu.edu***

**Federal Income Tax Information**

Did you or you and your spouse/partner file the previous year’s United States Federal Income Taxes: Yes No

If you or you and your/spouse partner filed the previous year’s Federal Income Tax Form, list your or you and your spouse/partner’s total combined income: $

*If NO, attach documentation of the previous year’s earnings and a copy of your child(ren)’s birth certificate(s).*

***\*\*\* Attach a copy of your previous year’s Federal Income Taxes\*\*\****

**INTERNATIONAL STUDENTS**

DO NOT COMPLETE IF YOU, THE STUDENT, ARE A U.S. CITIZEN

International students list your government/country and/or personal funds as noted on I-20 or DS-2019 (formerly IAP-66)

List sources of income and each amount:

Source: $ per month/year (circle one)

Source: $ per month/year (circle one)

Source: $ per month/year (circle one)

How much financial assistance do you receive from your country for housing or living expenses?

$ per month/year (circle one)

*International Students, who file U.S. Federal Income Taxes, must attach a SIGNED copy of your and your spouse/partner’s U.S. Federal Income taxes and a current copy of your and your spouse/partner’s I-20 or DS-2019 (formerly IAP-66). If you and your spouse/partner did not file a U.S. Federal Income Tax form, ATTACH a current copy of your and your spouse/partner’s I-20 or DS-2019 (formerly IAP-66) and a copy of your 2016 earnings.*

**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 encourage you to review SCCAP policies and eligibility requirements on our website prior to signing. Feel free to ask any WVU Student Family Resource staff member for assistance or clarification.

* I give my permission for Student Family Resources to access my student and financial aid records for programmatic purposes.
* I give my permission for Student Family Resources to access my financial and family information from the Child Care Resource Center (CCRC) for programmatic purposes.
* I understand that I am responsible for communicating with my child care provider and confirming that SFR receives an invoice for services provided with all of the required information and signatures by the deadline (8th of the month following receipt of services) in order to receive reimbursement.
* If my credit hours decrease during any given semester, I agree to contact Student Family Resources and report the change.
* I understand that I may be asked to complete regular program assessments and evaluations and that this is mandatory for my ongoing funding through SCCAP.
* I will update my financial status and academic status each and every semester that I am enrolled in SCCAP through the continuation request form.
* I understand that demographic information, but no personal information, may be shared with a granting agency in order for WVU to continue pursuing funding for this program.
* I understand that this application is a request for financial assistance 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 Student Family Resources if my status as a student either fiscally or academically, changes during the time that I am enrolled in SCCAP.

Student Signature: Date:

**Please return the following items attached to this completed and signed application:**

1. **A signed copy of your previous year’s tax return.**
2. **Proof of income if no Federal Taxes were filed.**
3. **International students attach I-20 or DS-2019 (formerly IAP-66) for both self and spouse.**
4. **Copy of child(ren)’s birth certificate(s) if no Federal Taxes were filed or child is not listed on Federal Taxes.**
5. **Copy of applicant’s class schedule.**
6. **Copy of Spouse or partner’s class or work schedule.**
7. **Copy of letter of acceptance or denial from (CCRC) Child Care Resource Center / WV Dept. of Health & Human Resources.**

West Virginia University

Student Family Resources

PO Box 6851

Elizabeth Moore Hall

Room 307

Morgantown, WV 26506

Phone: 304-293-5370

Email: [studentfamilyresources@mail.wvu.edu](mailto:studentfamilyresources@mail.wvu.edu)

Website: <http://childcare.wvu.edu/>

* ***Applications received without the above-mentioned attachments WILL NOT be processed.***
* ***Students are required to submit a SCCAP Continuation Request Form prior to each semester to receive continued funding.***