

**Student Family Resources (SFR)**

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

**Continuation Request form**

TODAY’S DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

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| WVU Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First) (MI) (Last) | | |
| WVU ID No.: | Home Phone: ( ) | |
| \*WVU Mix e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mix.wvu.edu  \*all e-mail correspondences will be sent via student’s mix accounts only | Cell Phone: ( ) | |
| Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (City) (State) (Zip) | Student Ranking: Undergraduate Graduate Professional | |
| \_\_\_\_\_# of credits enrolled for: Fall Spring Summer I Summer II | |
| Anticipated Graduation Date: / / | |
| I receive state child care assistance from the Child Care Resource Center (CCRC): Yes No  If no list reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, what is your parent fee per day: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Combined Household Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Pell Grant Recipient: Yes No Not Eligible |
| If there have been changes in your marital status, student status, Pell Grant eligibility, income, center enrollment, or contact information please list them below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**By participating in SCCAP, I give consent for WVU SFR to access my family and financial information from CCRC and WVU Financial Aid for programmatic purposes.** **I understand that this continuation request will be considered for eligibility but does not guarantee participation in the program. My signature on this continuation request indicates that this is a true and complete statement of information and my willingness to fully participate in SCCAP if acceptance is renewed. I understand and will fully comply with all program requirements and 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. *I am aware that subsidy amounts may vary or be eliminated each semester and are subject to available funding.***

**Student Signature:** **Date:**

**In order to apply for continued funding, students are required to submit this *Continuation Request Form*, as well as, the following required documentation prior to each semester: Applicant’s class schedule Spouse / partner’s class or work schedule**