YOU COULD QUALIFY FOR FINANCIAL AID TO ASSIST YOU WITH CHILDCARE EXPENSES

If you have a child(ren) attending daycare and you are attending Hillsborough Community College for a minimum of 6 credit hours per term and qualify to receive financial aid, please complete and return this application to your home campus Financial Aid Office. Due to limited funding, priority is given to students whose financial aid files are complete and received by the deadline date noted below. Completing this application does not guarantee you will receive an award.

NAME: ___________________________________________ Student ID#: __________________________

ADDRESS:__________________________________________ City State Zip Code

DAYTIME TELEPHONE NUMBER:__________________________________________

NUMBER OF CHILDREN ATTENDING CHILD CARE:____________________________________

DO YOU QUALIFY FOR YOUR CHILD TO USE THE ON-CAMPUS CHILD CARE FACILITY CURRENTLY AT DALE MABRY or YBOR CAMPUS?

YES _______ (IF YES, COMPLETE SECTION I) OR NO _______ (IF NO, COMPLETE SECTION II)

I. ON-CAMPUS CHILD CARE: Please have Ms. Robin Pentz (Ybor Campus) or Ms. Theresa Fernandez-Seufert (Dale Mabry Campus), Early Child Care Coordinators, sign below confirming that your child is enrolled at one of HCC’s Child Care Facility.

Signature of Ms. Pentz or Ms. Fernandez-Seufert:________________________________________

Date Signed:________________________________________

II. OFF-CAMPUS CHILD CARE SERVICES: If your child is at an off-campus child care facility, please provide documentation (on company letterhead or from a licensed child care provider) that validates your child’s enrollment at a licensed day care establishment and the weekly accessed child care costs. The documentation must include the Provider’s license number.

a. NAME OF OFF-CAMPUS CHILD CARE PROVIDER:________________________________________

b. ADDRESS OF CHILD CARE PROVIDER:________________________________________

c. TELEPHONE OF CHILD CARE PROVIDER:________________________________________

d. WEEKLY COST OF CHILD CARE PER CHILD:________________________________________

Signature of Student: ___________________________________________ Date Signed: __________

Date submitted to the Financial Aid Office: __________________________________________

Application Deadline Date June 1, 2011 (Additional Applications accepted if funds are available)

Revised 2/11