

***The Pennsylvania State University Student-Parent Child Care
Subsidy Program - Spring 2024 Application***
 New Applicant Returning Applicant Last Semester Awarded Subsidy: _____

Student Information:

Last Name:		First Name:		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Penn State Student ID #:		PSU Campus:		Penn State Email:	
Preferred Phone #:	Address:			City/ State/ Zip Code:	
					Personal Email:

Student Biographical Information:

Single (choose only 1, from Single OR Married): <input type="checkbox"/> Head of Household <input type="checkbox"/> Dependent (living with parent or guardian) <input type="checkbox"/> Father/Mother of child(ren) lives in household	Married (choose only 1, from Single OR married): <input type="checkbox"/> 1 student parent attending PSU <input type="checkbox"/> 2 student parents attending PSU (or spouse attends other college/institution)
Ethnicity: (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races	Are you or is your spouse a member of the military? <input type="checkbox"/> Yes, I am <input type="checkbox"/> No, I am not <input type="checkbox"/> Yes, my spouse is
	Are you the first person from your family to attend college? <input type="checkbox"/> Yes, no one else has attended <input type="checkbox"/> No, my sibling(s) attended before me <input type="checkbox"/> No, my parent(s) attended before me

Student Academic Information:

College/Degree Program/Major:	What is your enrollment status? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time How many credits are you registered for? _____	Will you be appointed to a Graduate Assistantship this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No
What degree will you hold you graduate? <input type="checkbox"/> Associates Degree (2 year) <input type="checkbox"/> Bachelor's Degree (4 year) <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	Have you attended any other college/ university? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of institution: _____ # of credits hours earned: _____	Anticipated Graduation Date: Month: _____ Year: _____
		Current CGPA: _____

Student Financial Information:

Are you a Pell Grant recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you applied for Financial Aid this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Household Income: \$_____ # of Members in Household: _____ Please list all sources of income including any county assistance, child support, familial support, etc. below: Yearly Amount Source \$ _____ _____ \$ _____ _____ \$ _____ _____		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	Work hours per week: _____ / week
Is your spouse/ partner currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	Work hours per week: _____ / week

Student Child Care Information (please note):

- Funding can only be used to assist with the cost of 2 children in care**
- You must have a registered and secured spot at the child care center listed below- we will contact the listed childcare provider to confirm during the application review process**
- You cannot receive Penn State Subsidy and any other form of child care assistance/subsidy (i.e. PreK Counts, CCIS, NACRA, Child Care Aware, etc)**

1st Child Last Name:	Child First Name:	Date of Birth:	Gender:
Child Care Provider:	Director's Name:	Phone Number:	Email Address:
Weekly Tuition Rate: \$_____/Week	Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Type of Child Care Needed:	
Child Care Facility is Licensed by the PA Department of Welfare: <input type="checkbox"/> Yes <input type="checkbox"/> No Child Care Facility is Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start Date for Child Care: _____			
2nd Child Last Name:	Child First Name:	Date of Birth:	Gender:
Child Care Provider:	Director's Name:	Phone Number:	Email Address:
Weekly Tuition Rate: \$_____/Week	Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Type of Child Care Needed:	
Child Care Facility is Licensed by the PA Department of Welfare: <input type="checkbox"/> Yes <input type="checkbox"/> No Child Care Facility is Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start Date for Care: _____			
Please indicate other sources of subsidy (ie. CCIS, NACRA, Pre-K Counts) you are currently receiving and amount of your co-payment: \$_____ (Source: _____)			
<input type="checkbox"/> Federal Funding <input type="checkbox"/> State Funding <input type="checkbox"/> County Funding <input type="checkbox"/> Private Funding <input type="checkbox"/> N/A			

Consent

Please read each statement and check the box stating that you have read, understand, and agree to the following information:

_____ I understand that the goal of the Student-Parent Child Care Subsidy Program is to assist me with child care expenses so that I can succeed in completing credit hours toward my degree and graduate.

_____ I understand that any changes made to my student status, financial status or provider status must be shared with the Student-Parent Child Care Subsidy Program within 10 days and these changes may result in the reduction or loss of subsidy.

_____ I understand that my child care provider must be licensed by the PA Department of Human Services

_____ I understand that my child care provider must be accredited OR a participant of the KeystoneSTARS program with a star rating of at least 2.

_____ I understand that The Pennsylvania State University does not assume any liability for child care services and holds no responsibility for the quality of child care services provided.

_____ I understand that it is my responsibility to contract services directly with my child care provider and I am responsible for monitoring the quality of care my child(ren) receive from the provider I select.

_____ I understand that it is my responsibility to comply with my child care provider's policies and procedures. The Student-Parent Child Care Subsidy Program cannot be held responsible for any payment balance beyond what is awarded or any other fees that occur as a result of my failure to comply with my child care provider's regulations.

_____ I understand that I must maintain an undergraduate cumulative GPA (CGPA) of 2.5, and graduate CGPA of 3.0 (in good standing) to remain eligible for the Student Parent Child Care Subsidy.

_____ I understand that I am required to volunteer a minimum of 1 hour per semester at my participating child care provider to remain eligible for the Student Parent Child Care Subsidy Program.

_____ I understand that I will be asked to participate in regular, ongoing and/ or post graduate surveys conducted by the Student-Parent Child Care Subsidy Program related to program evaluation including, but not limited to, income, employment, and quality of care services.

_____ I give my permission for the Student-Parent Child Care Subsidy Program to access my Penn State University records including student financial aid information, income level, and academic status. (All information will be kept confidential)

_____ I understand that my subsidy award is contingent upon funding by The Pennsylvania State University.

_____ I understand that submission of this application does not guarantee funding

My signature on this application indicates my willingness to fully participate in the Student-Parent Child Care Subsidy Program. I certify that I have read and agree to comply with all program requirements. I understand that failure to act in accordance to these terms will result in the loss of my subsidy award.

Student Signature

Date

Ready to submit? Have you included (no screenshots please):

- Application
- Course schedule
- Tuition Bill (for the semester you are applying, once it is available from the Bursar's Office)
- Financial Aid Report (if applicable)
- Most recent Tax Return (please blackout any Social Security Numbers)
- 1 month of paycheck stubs for working spouse/partner (or waiver form)

Additionally, graduate students should submit:

- Graduate Assistantship Letter (if applicable)
- Official Enrollment Verification Report (Registrar's Office)

Please send your completed application materials (in PDF form) to:

*The Pennsylvania State University Student-Parent
Child Care Subsidy Program Human Resources
499 North Allen Road
University Park, PA 16802*

OR:

Email (in PDF form): subsidy@psu.edu