



***The Pennsylvania State University Student-Parent Child Care
Subsidy Program Spring 2018 Application***

☐ New Applicant ☐ Returning Applicant Last Semester Awarded Subsidy: _____

Student Information:

Last Name:		First Name:		Gender: ☐ Male ☐ Female
Penn State Student ID #:		PSU Campus:	PSU Email:	
Preferred Phone #:	Address:		City/ State/ Zip Code:	

Student Biographical Information:

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

Student Academic Information:

Degree Program/ Major: _____	What is your enrollment status? ☐ Full Time ☐ Part Time How many credits are you registered for? _____	Are you completing a Graduate Assistantship? ☐ Yes ☐ No
What degree will you hold you graduate? ☐ Associates Degree (2 year) ☐ Bachelor's Degree (4 year) ☐ Master's Degree ☐ Doctorate Degree	Have you attended any other college/ university? ☐ Yes ☐ No Name of institution: _____ # of credits hours earned: _____	Anticipated Graduation Date: Month: _____ Year: _____ Current CGPA: _____

Student Financial Information:

Are you a Pell Grant recipient? ☐ Yes ☐ No			If no, have you applied for Financial Aid this year? ☐ Yes ☐ 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? ☐ Yes ☐ No		Employer:		Work hours per week: _____ / week	
Is your spouse/ partner currently employed? ☐ Yes ☐ No		Employer:		Work hours per week: _____ / week	

Student Child Care Information (please note):

1. *Funding can only be used to assist with the cost of 2 children in care*
2. *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*
3. *You cannot receive PSU Subsidy and any other form of child care assistance/subsidy (i.e. PreK Counts, CCIS, NACRA, Child Care Aware, etc)*

1 st Child Last Name:		Child First Name:		Date of Birth:		Gender: ☐ Male ☐ Female	
Child Care Provider:		Director's Name:		Phone Number:		Email Address:	
Weekly Tuition Rate: \$ _____/Week		Child Enrollment Status: ☐ Full-Time ☐ Part-Time		Type of Child Care Needed:			
Child Care Facility is Licensed by the PA Department of Welfare: ☐ Yes ☐ No Child Care Facility is Accredited: ☐ Yes ☐ No Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: ☐ Yes ☐ No Start Date for Child Care: _____							
2 nd Child Last Name:		Child First Name:		Date of Birth:		Gender: ☐ Male ☐ Female	
Child Care Provider:		Director's Name:		Phone Number:		Email Address:	
Weekly Tuition Rate: \$ _____/Week		Child Enrollment Status: ☐ Full-Time ☐ Part-Time		Type of Child Care Needed:			
Child Care Facility is Licensed by the PA Department of Welfare: ☐ Yes ☐ No Child Care Facility is Accredited: ☐ Yes ☐ No Child Care Facility is a participant of the Keystone STARS program and holds at least a STAR level 2: ☐ Yes ☐ 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: _____) ☐ Federal Funding ☐ State Funding ☐ County Funding ☐ Private Funding ☐ N/A							

Consent

Please initial to the left of each statement 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 a cumulative grade point average (CGPA) of 2.5 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 screen shots please):

- ☐ Application
- ☐ Course schedule
- ☐ Tuition Bill (for the semester you are applying)
- ☐ Financial Aid Report (if applicable)
- ☐ 2016 Year Tax Return
- ☐ 1 month of paycheck stubs for working spouse/partner (or waiver form)
- ☐ Graduate Assistantship Letter (if applicable)

Please send your completed application materials (in PDF form- no screen shots, please!) to:

*The Pennsylvania State University
Student-Parent Child Care Subsidy Program
Human Resources
James M. Elliott Building 4th Floor
120 S. Burrowes Street
University Park, PA 16802*

(After December 4, 2017)

*The Pennsylvania State University
Student-Parent Child Care Subsidy Program
Human Resources
The 331 Building, Suite 200
University Park, PA 16802*

OR:

E-mail (in PDF form- no screen shots, please!): subsidy@psu.edu

Fax: (814) 865-6820