PennState

The Pennsylvania State University Student-Parent Child Care Subsidy Program - Summer 2019 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? _____	Will you be appointed to a Graduate Assistantship this semester? ☐ 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)*

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: ☐ 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:_____

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: ☐ 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 Keystone STARS 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 screen shots 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)
___ 2018 Year 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
The 331 Building, Suite 200
University Park, PA 16802

OR:
E-mail (in PDF form): subsidy@psu.edu
Fax: (814) 863-4872