

***The Pennsylvania State University Student-Parent Child Care  
Subsidy Program - Summer 2021 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:**

<b>Single:</b> <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		<b>Married:</b> <input type="checkbox"/> 1 student parent attending PSU <input type="checkbox"/> 2 student parents attending PSU (or spouse attends other college/institution)	
<b>Ethnicity: (check all that apply)</b> <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		<b>Are you or is your spouse a member of the military?</b> <input type="checkbox"/> Yes, I am <input type="checkbox"/> No, I am not <input type="checkbox"/> Yes, my spouse is	
		<b>Are you the first person from your family to attend college?</b> <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 <b>list all sources of income</b> 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)
- 2019 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:

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

Fax: (814) 863-4872