



Received _____

**VANCE – GRANVILLE COMMUNITY COLLEGE
Child Care Assistance 2024 - 2025**

Name _____ Student ID # _____
Address _____ City _____
State _____ Zip Code _____
Phone # _____ Cell # _____
Work # _____ # of Registered Credit Hours _____

Marital Status

Single ____ Separated ____ Divorced ____ Widowed ____ Married ____

Name of Dependent Child Age 0 – 12 (1 Child Can be Accomodated)

Child _____ Age _____

Current Child Care Provider(s)

Name/Address _____ Hours per week _____
_____ Cost per week _____
_____ Phone: _____

Type of Childcare: Licensed Daycare | Private Home Daycare | Family Assisted Childcare
Afterschool/Before School | Other: _____

List all sources of childcare funds available to you:

None _____
DDS \$ _____/week Paid to: _____(name)
JOBS \$ _____/week Paid to: _____(name)
Military \$ _____/week Paid to: _____(name)
Other \$ _____/week Paid to: _____(name)

I understand that my selection into the program depends on meeting the requirements, which are as follows: **Completion of the 2024 – 2025 FAFSA and demonstrate financial need; 2.0 GPA and 67% course completion rate; be enrolled in a minimum of 6 credit hours each semester (at least 3 hours per 8-week term).** I understand that all forms and agreements must be completed before payment will be made.

Signature _____ Date _____