

APPLICATION PRIORITY DATE: August 31, 2010

Purpose

Childcare needs for a student-parent can often times be a barrier in the ability to attend or continue educational goals. The UWB Services and Activities Fee Committee annually considers assistance for student-parent childcare costs through the Childcare Assistance Program (CCAP).

The Childcare Assistance Program is designed to offset childcare costs associated with the student-parent's ability to attend UWB courses and/or complete class coursework. The CCAP was not designed to assist with a student-parent's work or other schedules. Unfortunately, CCAP can not cover private tuition costs, meals, registration fees, transportation fees, or other special fees. Although, charges associated with full-day public kindergarten may be considered. Kindergarten charges associated with private schools are not typically covered. Every attempt should be made by the student to minimize costs associated with childcare while in school.

If you have unusual or special childcare needs, please provide a written appeal statement that outlines what accommodations you are requesting, and justification for the request (i.e., a child that attends a special or private school due to the child's documented special needs). Submit the appeal letter with your completed CCAP Application and accompanying documentation.

Eligibility

In order to qualify for this assistance, a student must:

- Submit a completed CCAP Application Form with all necessary documentation by the priority date of **August 31, 2010***
- Be a matriculated UW Bothell student
- Be attending a minimum of $\frac{3}{4}$ time in the award term
- Be in good academic standing at the UWB during the award term
- Be paying in-state tuition, and not participating in the staff/state tuition exemption program
- Have a Free Application for Federal Student Aid (FAFSA) on file at the UW prior to the CCAP application filing date, and have financial need
- Be the legal custodial parent of the child, and the child must reside more than 50% time with the student-parent
- Be using a Washington State licensed or certified childcare provider who is not related to the student-parent by blood or by marriage

Funding

Applications received by the application priority date* will be ranked in order of need as determined by the Financial Aid Office. **Funds will be allocated for a maximum of one child per student.** Funding levels are based on age range. The chart below outlines the funding class for each age range.

•**Infant and Preschool (Birth - start of 1st grade)**

⇒ **40%**, not to exceed an award of **\$1,250/qtr.**

•**After school care (1st grade - 12 years)**

⇒ **20%**, not to exceed an award of **\$500/qtr.**

**Awards may be made to student-parents who submit an application form after the CCAP priority deadline on a funds available basis.*

Quarterly Verification

At the end of each quarter, participants must submit a quarterly verification form with official documentation attached as evidence for our auditors that the costs reported on the forms are correct. The documentation should show the **total actual charges** (not just payments) for each month, as well as any fee reductions or support received from other agencies. Below is a list of acceptable forms of documentation:

*Please note that we cannot accept handwritten receipts.

- Copy of the daycare accounting record, ledger card, invoice, or statement
- Copy of the canceled checks (front and back), monthly order, or cashier's check (clearly copied), showing that you have paid the CORRECT portion of the total costs for each month
- Copy of personal check or carbon and a copy of bank statement showing you have paid the CORRECT portion of the total costs for each month
- Typed letter signed by the daycare provider detailing names, dates of attendance, and total monthly costs for each child

If your childcare costs end up being less than the "estimated charges" listed on your application, we will calculate a new quarterly award based on your actual charges, and may request a repayment.

If your childcare costs are more than your "estimated charges," please contact the Childcare Assistance Program to request an increase in your award.

SECTION I: Student Information

Student Name: _____ ID#: _____
Address: _____
Phone: _____ SSN (optional): _____
Email: _____

SECTION II: Child Information

Note: Only 1 child can be considered for Childcare Assistance Program funding.

Full Legal Name of child: _____

Age of child: _____ *Note: See "Funding" (pg 2) for maximum amounts, depending on the age of the child.*

1.) Does the child have special needs?

- Yes** (please attach explanation)
 No

2.) Are you the legal custodial parent of the child, and does the child reside with you more than 50% of the time?

- Yes**
 No (you are not eligible for the Childcare Assistance Program)

SECTION III: Childcare Provider Information

Childcare Provider: _____

Name of Director: _____ Phone: _____

1.) Is this provider licensed or certified by the State of Washington?

- Yes** (attach copy of license or certificate)
 No (you are not eligible for the Childcare Assistance Program)

2.) Is this provider related to you by blood or marriage?

- Yes** (you are not eligible for the Childcare Assistance Program)
 No

3.) Expected childcare costs per month:

AUT 2010		WIN 2011		SPR 2010	
October		January		April	
November		February		May	
December		March		June	

Note: You must be enrolled at least ¾-time to be eligible for the Childcare Assistance Program. Only fill in amounts for quarters you will be attending.

SECTION IV: Supporting Documentation

- Attach** either a written estimate or a cost sheet from the childcare provider (on letterhead or with provider's logo) outlining your quarterly costs.
- Attach** a copy of the childcare provider's Washington State childcare provider license or certificate.

SECTION V: Student Certification

Read carefully and initial each box.

- I am a matriculated student at the University of Washington Bothell for the 2010-2011 academic year, and will attend a minimum of ¾-time enrollment during the award term (minimum of 9 credits for undergraduate and Teacher Certification, and 7 credits graduate).
- I am in good academic standing at the University of Washington, am designated as a resident for tuition paying purposes, and am not participating in the Tuition Exemption Program for State or University employees.
- I have a Free Application for Federal Student Aid (FAFSA) on file for the 2010-11 academic year.
- I am the legal custodial parent of the child I'm requesting assistance for. I have more than 50% physical custody and the child resides at my place of residence.
- I am requesting assistance for a childcare provider who is licensed or certified with the State of Washington, and the provider is not related to me by blood or by marriage.

- I understand that the Childcare Assistance Program does not cover private school tuition, meals, registration fees, transportation fees, or other special fees. *Note: Please see administrator if your child will be enrolled in full day public kindergarten.*
- The childcare costs that are covered by the Childcare Assistance Program are not being paid by any other state or federal agency.
- I understand that the Childcare Assistance Program funds do not pay my childcare costs in full; they are used to off-set my costs. I understand that funding will only cover 20% -- 40% of my childcare costs, depending on my eligibility. If my quarterly receipts show an amount less than my estimated childcare costs, a new calculation will be done for that quarter, and I may be required to pay back funds.
- I agree to turn in childcare receipts each quarter documenting my actual costs, as well as have my childcare provider sign a verification form. Failure to do this will result in automatic termination from the program and will require a repayment of funds. In addition, I understand that a hold will be placed on my UW records until my account is satisfied.
- I understand that funds will disburse to my account no earlier than the 10th day of each quarter, as long as I have submitted acceptable receipts for the preceding quarter.
- I understand that if I change childcare providers, I am required to notify the Childcare Assistance Program in advance. If I fail to give advanced notice, a reimbursement may be requested.
- I agree that it is my responsibility to inform the Childcare Assistance Program of any and all changes that may impact the award.

I have read, completed, and meet all of the conditions for participation on this form. I certify the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Submit completed applications by August 31, 2010:

University of Washington Bothell
Office of Financial Aid/ Box 358500
18115 Campus Way NE
Bothell, WA 98011

Students will be notified by email or mail in late September if accepted to the program.