



## Cape Fear Community College 2024-25 Child Care Provider Funding Application Process and Eligibility Requirements

1. Submit the 2024-25 FAFSA to determine your need for assistance.
2. Students must have a remaining unmet need; priority given to students with SAI ranges -1500 to 0.
3. Enroll in half time (8) credits in an approved program of study. These credits must be required in your program of study (major).
4. Students must be NC residents and must be maintaining satisfactory academic progress as determined by the Financial Aid Office. ***Classes cannot be all online. Must have a seated class.***
5. Students must be enrolled in a Diploma or Degree seeking program.
6. Submit a Child Care Provider Funding Application and a **copy of the first page of the 2023 filed Federal Income Tax Return** to indicate the number of dependents in your household.
7. If selected, a Child Care Provider Invoice is required to be submitted each month. This must be a **licensed** facility or individual providing daycare, personal nanny services, afterschool programming, summer or break programming, group or private tutoring services, or other services provided to dependent children for you to be eligible for the reimbursement program.
8. Reimbursement is limited to your actual expenses, up to a maximum of \$800 monthly.
9. Monthly reimbursement checks will be mailed directly to the child care provider.
10. **Child care invoices MUST appear on child care provider letterhead in order to be processed.**
11. Funds are paid only for fall and spring semesters.
12. Availability of funds is dependent on the annual allocation received from the NC Community College System Office.
13. Failure to submit a monthly child care invoice may result in cancellation of your funding. Funds will then be reallocated to assist other applicants.

**2024-25 CHILD CARE PROVIDER FUNDING APPLICATION**  
**(To be completed by Student)**

Name \_\_\_\_\_ SS \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status (circle one): **Married**      **Separated**      **Divorced**      **Single**      **Widower**

Total Number of Children in Household \_\_\_\_\_      Total Number of Children in Daycare \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

- **Attach 2023 Federal Income Tax Return to indicate financial support of child(ren)**
  
- **Do you/will you receive child care assistance from another agency?    Yes    No**

If yes, indicate source of funding and amount received per week:

_____ Department of Social Services	\$ _____
_____ Employer	\$ _____
_____ TANF	\$ _____
_____ County	\$ _____
_____ Other	\$ _____

**I attest to the accuracy of the above information.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**For Financial Aid Office Use Only**

Is student currently enrolled?    Yes    No

Number of semester hours seated: \_\_\_\_\_

Financial Aid Application (FAFSA) on file?    Yes    No

Currently receive financial aid?    Yes    No

SAI: \_\_\_\_\_