

Cape Fear Community College

2026–2027 Child Care Grant Application

The NC Child Care Grant may provide financial assistance with eligible expenses for student-parents while enrolled at CFCC. Funding is limited, and submission of this application does not guarantee an award.

Student Name: _____ CFCC ID #: _____

Address: _____

Street

Apt

City

State

Zip

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Enrollment Information

Student Type: ☐ First time student ☐ Continuing/returning student ☐ Transfer Student

Semester : ☐ Fall ☐ Spring ☐ Summer Course Format: ☐ Seated ☐ Hybrid ☐ Online

Program of study: _____ Number of Credits: _____

Child Information

Child's Full Name	Age/ Date of Birth	Full or Part Time Care

Provider Information

Provider Name: _____ Address: _____

Phone # _____ Estimated Weekly/Monthly Cost \$ _____

Childcare Need & Other Assistance

Amount Requesting \$ _____

**Requested amount may not exceed eligible actual expenses or the program's monthly reimbursement limit*

Receiving childcare assistance elsewhere ? ☐ Yes ☐ No If yes, source/amount _____

Certification and Signature

Initial each statement to confirm that you have read and understand.

Initials: _____ I have read and understand all information included on this form.

Initials: _____ All information included on this form is TRUE and CORRECT to the best of my knowledge.

Initials: _____ I understand that this information is being provided for the receipt of funds offered by the State of NC and that intentional misrepresentation of information may be subject to prosecution under state law.

Initials: _____ **I understand that submission of an application does not guarantee that I will be approved for funding.**

Initials: _____ I understand that NC Child Care Grant funds may not be awarded until AFTER the Fall and/or Spring semester begins. I am prepared to accept responsibility for childcare payments in the absence of funding.

Initials: _____ I authorize CFCC Financial Aid Office to obtain information from other federal or state agencies regarding funding information and/or program eligibility.

Initials: _____ If I am approved for the NC Child Care Grant, I understand that my class attendance will be monitored to ensure that I maintain at least 8 or more credit hours throughout the semester.

I certify the above information is true. I understand that I may be required to provide documents which verify my financial need. I understand that I am responsible for my child care fees that are not paid by Cape Fear Community College.

Student Signature: _____ **Date:** _____

Email this completed, signed, and dated document to Abigail Mantos at amantos@cfcc.edu

If you have any questions contact Abigail Mantos at amantos@cfcc.edu or 910-362-7055

Financial Aid Office Use Only

_____ Cumulative GPA

_____ % Cumulative CR

_____ Fall Semester Hours

_____ Spring Semester Hours