IMPORTANT: Read instructions before completing application. <u>Incomplete applications will not be processed.</u>

- Step 1 Student completes section A and gives form to child care provider.
- Step 2 Child care provider completes section B and returns form to student.
- Step 3 Student submits application to financial aid office at college student attends.
- Step 4 Financial aid administrator determines student award amount and notifies student of award.

Section A – Completed by student (Please use ink or type)				
1. Name (Last, Firs	t, Middle):			
2. Student School	ID:	3. Students Email Address:		
4. Permanent Hon	ne Address:			
5. City, State, Zip (Pada:			
3. Gity, State, Zip C	oue.			
6. County of Resid	ence:	7. Telephone Number:		
Number of children 12 years of age or younger receiving child care:		9. Number of children with a disability 14 years of age or younger receiving child care:		
- -				

PROVIDER CERTIFICATION

Please check every box next to each statement indicating that you understand the statement.

I certify that the information provided in Section B is true and correct and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the forfeiture of future awards from this program.

I promise to provide additional documentation if necessary, including confirming the above information when contacted by Office of Higher Education staff or the college financial aid administrator. I also grant permission to Office of Higher Education or school auditors to review my financial records to verify receipt of Postsecondary Child Care Grant funds.

Applies only to unlicensed child care providers. I give permission to the Office of Higher Education or the school to report the amount of the student's Postsecondary Child Care Grant to the Internal Revenue Service or the Department of Revenue as taxable income to the provider, when requested.

I understand that I cannot charge a Postsecondary Child Care Grant recipient a higher rate for services than the rates charged to other clients who are not recipients. I understand that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both.

I understand the obligation to immediately report any changes to the information provided in the above

chart to the student's financial aid administrator. This includes informing the school if I am no longer providing

child care services for the student's children.

2023-2024 Postsecondary Child Care Grant Program Application Instructions

IMPORTANT: Read instructions before R4444194449449449490 (201823 5562 559248) \$10080 \$524() (2018) \$2/48463 57024964102489429048) \$10080 \$1008

Postsecondary Child Care Grant Award Table- Award Amount Per Child

EFC Beginning Range	EFC End Range	Full-Time Award	3 Quarter Time Award	Half Time Award	Less than Half Time Award
\$0	\$6,656	\$6,500	\$4,875	\$3,250	\$1,625
\$6,657	\$6,999	\$6,347	\$4,760	\$3,174	\$1,587
\$7,000	\$7,999	\$5,347	\$4,010	\$2,674	\$1,337
\$8,000	\$8,999	\$4,347	\$3,260	\$2,174	\$1,087
\$9,000	\$9,999	\$3,347	\$2,510	\$1,674	\$837
\$10,000	\$10,999	\$2,347	\$1,760	\$1,174	\$587
\$11,000	\$11,999	\$1,347	\$1,010	\$674	\$337
\$12,000	\$13,312	\$655	\$491	\$328	\$164
\$13,313	+	\$0	\$0	\$0	\$0

Credit Level to Enrollment Status Conversion

Ordan Edver to Emoniment Status Conversion				
Enrollment Level	Student Credit Level	Report Field		
Undergraduate	1	Less than Half Time		
Undergraduate	2	Less than Half Time		
Undergraduate	3	Less than Half Time		
Undergraduate	4	Less than Half Time		
Undergraduate	5	Less than Half Time		
Undergraduate	6	Half Time		
Undergraduate	7	Half Time		
Undergraduate	8	Half Time		
Undergraduate	9	3 Quarter Time		
Undergraduate	10	3 Quarter Time		
Undergraduate	11	3 Quarter Time		
Undergraduate	12+	Full-Time		
Graduate	1	Less than Half Time		
Graduate	2	Less than Half Time		
Graduate	3			
Graduate	4	Half Time		
Graduate	5	3 Qua4 5		