

**Washtenaw Community College
Student Resources & Women's Center
Child Care Scholarship Agreement**

1. Student Name (Parent) _____ Term _____
2. Student ID # _____ Phone Number () _____
- Work/ Cell Number () _____ E-mail _____
3. Address _____
City State Zip
4. Income and Category A _____ B _____ C _____
5. WCC Board of Trustees: _____ Endowed Funds (name of) _____

One Payment	SRWC Portion	Student Portion
	\$ _____	\$ _____

Are you eligible for FIA assistance Yes _____ No _____

I understand that I am required to report any changes in child care fees, additional income or assistance I receive during the semester to the Student resource & Women's Center (SRWC). I must apply for federal financial aid. Failure to do so will result in denial of assistance in future semesters.

Awards do not cover study time and SRWC academic progress must be met.

I agree to pay the student portion of the childcare bill before the SRWC grant is posted to my student account. Failure to pay will result in denial of assistance in future semesters. Awards are good only during the semester awarded. If the student portion is not paid by the end of the semester awarded, the SRWC grant will be denied.

I understand the conditions under which aid is offered to me and agree to these conditions. I also authorize the SRWC to discuss my application and financial situation with other agencies of persons with knowledge of my financial situation. I will accept the financial aid awarded to me as stated on the agreement.

Student Signature _____ Date: _____

SRWC Staff Signature _____ Date: _____

