

Child Care Scholarship Application

Child care assistance is available to students who show a financial need and meet academic progress. Assistance is only provided for the hours a student is attending classes at Washtenaw Community College. Only licensed daycare facilities are eligible for payment.

Please complete this form in its entirety and return it to the Student Resource & Women's Center (SWRC). Students must apply for the Child Care Scholarship each semester in which assistance is needed. Please contact SRWC for deadline dates.

PLEASE PRINT IN INK!

Your Name _____

Address _____

City _____ Zip _____

Phone _____ Student ID#@ _____

To be completed by the Child Care Provider

Name of Child (ren) _____ Age _____

_____ Age _____

_____ Age _____

Anticipated total number of child care hours per week _____

Student's total cost per week _____

Other anticipated child care aid (state, federal, other) _____

Payments should be made to _____ If you accept MasterCard payments initial here _____

Name of Child Care Center _____

Director's Name _____

Child Care Center's License # _____

Name (as shown on your income tax return) _____

Business name, if different from above _____

Address (number, street, and apt, or suite no.) _____

City, State, and ZIP code _____

Check appropriate box:

Individual/sole proprietor Corporation Partnership Limited liability company. Other

Enter the tax classification : (D=disregarded entity, C=corporation, P=partnership) Exempt payee _____

Enter your TIN on the appropriate line. The TIN provided must match the name given to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities it is your Employer Identification Number (EIN).

Social Security Number _____ or Employer Identification Number _____

Signature of person providing information