Purdue University Graduate Student Government
Childcare Grant Application
Application due March 22, 2013 to the Office of Financial Aid, room 305 Schleman Hall

**Purpose:** This grant of $1000 will provide assistance for graduate students with childcare expenses

**Eligibility**
1. Be a full or part-time graduate student enrolled at Purdue University
2. Domestic students must have a FAFSA filed
3. Funding will be need-based and application-based
4. Funding must be used at a licensed childcare provider
5. Funding must apply to out-of-pocket weekly childcare expenses
6. Applicant must be the legal guardian of the child or children aged 12 and under

**Application**
Please complete all information thoroughly and accurately

**Applicant’s Full Name**

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Campus Address: ___________________________________________ Campus Phone:__________
Home Address: ___________________________________________ City: _________________
State: _____ Zip: _______ Home Phone: ( ) __________-__________
Email Address: __________________________ PUID #________-__________

**Spouse’s Information (complete this section only if you have a spouse)**

Spouse’s Full Name ________________________________________________

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Address (if different from above): ________________________________
City: _________________ State: _____ Zip: _______ Phone: ( ) ____________

**Citizenship and Residency**

☐ US Citizen or Permanent Resident
or
☐ Non-resident: must obtain an estimated family contribution; use the website below and print off each page before answering questions and before hitting the ‘next’ button. Please attach each page along with the application
https://bigfuture.collegeboard.org/pay-for-college/paying-your-share/expected-family-contribution-calculator

**Financial Information**

Have you completed a FAFSA? ☐ Yes ☐ No
Approximate date FAFSA was completed _______________________
Child in Care Information
Number of children for which you are legal guardian: _______________________________

Complete separate information for each child and attach as a separate page:

Child’s name ________________________________________________________________
Last First Middle

Birth date ____________________________ (AGE_______)
Month Day Year

Child’s relationship to applicant ________________________________

This child is in (select all that apply)

☐ Infant/preschool care (<6 years of age)
☐ Afterschool program (>6 years of age)
☐ Other (please specify) _______________

Please have your current Center director sign this document verifying enrollment and estimated expenses for this child.

________________________________ __________________________________
Name of Child Care Center Representative’s printed name and title

_________________________________ ____________ ______________________
Child Care Center Representative Signature Date Weekly expense

The Child Care Grant Committee reserves the right to verify that the care being provided is legal

___________________________________________
Provider’s address City State Zip

___________________________________________
Provider’s telephone number Registration-License Number of Provider
Essay portion:
In 200 words or less, describe your need for this financial assistance, how this funding will be used, or how this funding will benefit your academic career.

Is there any additional information you would like to provide (optional)?

Release Statement:
I authorize Purdue University to release my contact information (telephone, email, and mailing address) to scholarship donors.

☐ Yes

☐ NO

READ AND SIGN
I have read the instructions for completing this form and, to the best of my knowledge, have answered the questions truthfully.

_________________________________________________ ________________
Signature of Applicant Date