

# MSU Child Care Grant Application Spring 2012



Michigan State University  
252 STUDENT SERVICES BUILDING EAST LANSING, MI 48824-1113  
517/353-5940 FAX: 517/432-1155 E-MAIL: FINAID@MSU.EDU

<p><b>This application is for Spring Semester 2012 only.</b> The maximum award for the MSU Child Care Grant is \$1000 per semester per child.</p>		
Student Name (Last, First, Middle Initial)		
Student Social Security Number:		Student PID:
Indicate the total number of credits you are registered for Spring 2012: _____		
<input type="checkbox"/> Graduate Students only – check for COGS Childcare Endowment consideration		
	<b>Amount Requested</b>	<b>Documentation Required</b>
<p><b>Child Care/Elder Care</b> (Costs related to MSU attendance)</p> <p>Ages of children:    ___    ___    ___</p> <p>Will you receive reimbursement from a social services agency or other source?</p> <p>YES    ___    NO    ___</p> <p><b>If yes indicate source and amount:</b></p> <p>Source: _____</p> <p>Amount: \$ _____</p>	\$ _____	<ol style="list-style-type: none"> <li>1. Written statement explaining the necessity for costs to be incurred and the number of hours needed per week.</li> <li>2. Provider information form completed by the care provider stating the costs to be incurred, including any co-pay, the person that is responsible for payment, and the number of hours your child will be attending care.</li> <li>3. If you are married, your spouse is expected to contribute one-half of the cost.</li> </ol> <p>Note: The application needs to include a current provider information form from the care provider. If the form is not current (within a month of the beginning of the semester you are applying) it will be your responsibility to obtain an updated one from your provider and submitting to our office for grant consideration.</p>
By signing below, I swear that:		
<ol style="list-style-type: none"> <li>1. The information submitted in this application and in any supporting documents is true, correct, and complete;</li> <li>2. I understand that changes in my enrollment status may result in the reduction or cancellation of my award;</li> <li>3. I understand that any withholding or falsification of information for the purpose of obtaining a grant may result in cancellation and repayment of my child care grant.</li> <li>4. I understand that these funds are intended to be refunded to me in order to pay my childcare provider and failure to do so could result in cancellation and repayment of my child care grant.</li> <li>5. I understand that by submitting this application I am granting the Office of Financial Aid permission to discuss my situation with my child care provider.</li> <li>6.</li> </ol>		
Student's Signature:		Date:
Local Phone Number:		

**Return this form along with required documentation**

To: Attn: Chandra Owen  
Office Of Financial Aid  
252 Student Services Bldg.  
East Lansing, Mi 48824  
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Phone: 517-353-5940 Fax: 517-432-1155