

School Code: 002332  
Telephone: 763-433-1500  
Fax: 763-433-1501

Return completed documents to: Financial Aid Office OR  
300 Spirit River Dr So  
Cambridge, MN 55008

Financial Aid Office  
11200 Mississippi Blvd NW  
Coon Rapids, MN 55433

## 2009-2010 Post-Secondary Child Care Subsidy Grant Program Application

Name(Please Print) _____			Student ID # _____		
Last	First	MI			
Address _____			Phone (____) ____-____		
Street Address	City	State	Zip		

### IMPORTANT:

❖ Incomplete applications will not be processed.

❖ Please also have your Day Care Provider complete and sign the attached form.

❖ Please return both completed forms to our office by July 1, 2009 for priority consideration.

### Student Eligibility

In order to be eligible, a recipient must:

- be a Minnesota resident
- be a U.S. citizen or eligible non-citizen
- not be receiving benefits from the Minnesota Family Investment Program (MFIP)
- be income eligible
- be pursuing a non-sectarian program
- have a child 12 years of age or younger, or 14 years of age or younger if handicapped
- be enrolled at least half-time – taking at least 6 credits per semester
- be in good standing and making satisfactory academic progress
- not be receiving tuition reciprocity
- not be in default on a student loan
- not have a baccalaureate degree
- not have attended the equivalent of more than eight full-time semesters

• Your 2008 total family income was less than the following: (Note: these income guidelines remain subject to change)

Family of 2 -- \$43,000	Family of 6 -- \$61,000	Family of 10 -- \$80,000
Family of 3 -- \$47,000	Family of 7 -- \$66,000	Family of 11 -- \$85,000
Family of 4 -- \$52,000	Family of 8 -- \$71,000	Family of 12 -- \$90,000
Family of 5 -- \$57,000	Family of 9 -- \$75,000	Family of 13 -- \$94,000

Assistance requested for: Fall Semester  Spring Semester  Summer Session

Are you and/or any of your dependents currently receiving MFIP benefits?  yes  no (If yes, list names of all MFIP recipients and attach documentation from county social services office.)

Are you or the other parent receiving childcare assistance from another source? (see definition – reverse page)  yes  no (If yes, please identify source and attach documentation of assistance you are receiving.)

**Please see reverse side of this form for additional information.**

## Student Certification

- I understand that this is a program that helps with costs and does not pay entire daycare costs.
- I understand that my FAFSA must be complete before eligibility can be determined.
- I understand and accept the obligation to provide a written report to the school of any changes in information provided on this application within 10 days of the data changing. changes may include, but are not limited to my enrollment, family size, family income, receipt of MFIP or Basic Sliding Fee benefits, hours of childcare, change of provider or change in provider rates etc.
- I understand the Post Secondary Child Care Grant must be used to pay my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes.
- I give permission to ARCC and the Minnesota Office of Higher Education (MOHE) to contact my child care provider(s) to verify the information on this application, and to report my child care award to my county social service agency if I receive MFIP or Basic Sliding Fee assistance during this academic school year.
- I give permission to the county social service agency to release to the school or the MOHE the amount and terms of any MFIP or Basic Sliding Fee child care benefits I receive from July 1, 2009 to September 30, 2010. I also give my provider permission to verify the information in the Provider's section, when contacted by the school or MOHE staff.
- I declare that the other parent or legal guardian of my child(ren) is not capable or available to care for my child(ren) during the hours for which I have requested an award from the Post-Secondary Child Care Grant Program.
- I certify that I am not a recipient of AFDC/MFIP.
- I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand this form is used to establish eligibility for the Post-Secondary Child Care Grant Program 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 understand that, if I withdraw from school after receiving a Post-Secondary Child Care Grant, all or a portion of the grant will need to be repaid to my college.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Post-Secondary Child Care Grant Program Notice to Applicants

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (2002), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of information to the school. You are not required to provide the information supplied in this application. However, failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for purposes specified above.

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 642-0567.

**Description of Handicapped child** – Any child who has a hearing impairment, visual disability, speech or language impairment, physical handicap, Other health impairment, mental handicap, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services, as determined by the standards of the Commissioner, is a child with a disability. In addition, a child under age three, and at local districts discretion from age three to seven who needs special instruction and services, as determined by the standards of the Commissioner, because the child has a substantial delay or has an identifiable physical or mental condition known to hinder normal development is a child with a disability.

**Description of Other sources of child care funding** – If you answer yes to the question if you are receiving child care funding from another source. Examples are: the child's other parent is receiving the Post-Secondary Child Care Grant, your employer is helping to pay your child care costs, you receive Basic Sliding Fee child care assistance from the county, your ex-spouse is required to cover a portion of child care costs per a divorce decree, etc.

## Post-Secondary Child Care Grant Provider Form

To be completed by the Child Care Provider: Please complete form entirely - incomplete forms will not be processed.

Student Name _____ <small>LAST FIRST MI</small>	Provider's Relationship to Student (if any) _____
Provider Name _____ <small>LAST FIRST MI</small>	Telephone No. _____
Address _____ <small>STREET CITY ST ZIP</small>	Provider's Email Address _____

**Check one of the following:**

- I am a licensed child care provider. License number: \_\_\_\_\_
- I represent a licensed child care center. License number: \_\_\_\_\_
- I am a relative of the student.
- I am at least 18 years of age and legally exempt from day care licensure. Under the exempt status I will care only for my own children and/or the children of the student listed on this application.
- I represent a latch-key program which has a contract with a school district to provide child care for school age children.
- Other \_\_\_\_\_

- **NOTE** - Please be very specific when entering **hours per week, hourly rate and total cost per week**...we cannot calculate eligibility if left blank. If cost varies – we need an average.
- Please list child care assistance paid to provider from other sources such as MFIP, Basic Sliding Fee, or other assistance programs.
- If you are receiving funds from another source, we need the costs you pay after source has paid their portion.

Child's Name	Age	Date of birth	Hours of care per week	Hourly rate	Total cost per week student pays from their own funds	Child Care Assistance from other sources *	Date Day Care Started 09-10 year
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	

**PROVIDER CERTIFICATION:** Please check the box next to each statement indicating that you understand the statement.

- I certify that the information provided in the above section is true and correct and 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 understand that I cannot charge a Post-Secondary 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, a prison sentence, or both.
- I understand my obligation to immediately report any changes to the information provided in the above chart to the student's financial aid administrator using the contact information provided at the top of the application.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

File Complete (970)TRAC\_\_\_ Verified\_\_\_ CC Elig (\$1.00)TRAC\_\_\_ State Elig FA0162 & FA0040\_\_\_ NARE(Ind/Dep)\_\_\_ Chk Parents Income IPAR\_\_\_

FAFSA Household Income (ISIA) \$\_\_\_\_\_ + \$\_\_\_\_\_ - \$\_\_\_\_\_ = \$\_\_\_\_\_  
taxable untaxable exclusions total income benefits

FAFSA Household Size \_\_\_\_\_ Maximum Award Per Year \_\_\_\_\_ I.D. # \_\_\_\_\_

SEMESTER	MAX CHART AWD	ELIG CHILDREN	PF COST/ WK X	WKS/ TERM	CREDITS	AWARD	COST
FALL				17			
SPRING				18			
SUMMER				10			