# Student Parent Child Care Funding Program

**2019/2020 Graduate/Professional Student Application For Graduate Student Child Care Grant (GSCCG)**

To request funding for child care expenses, please first review the fact sheet provided at the [program website](mailto:worklife@ucdavis.edu), then complete all sections below.

⇒ *If you feel you may qualify for the financial need-based* Community Based Care Grant (CBCG) which supplements the GSCCG, also submit the appropriate supplemental application, either the Graduate/Professional (US Residents) Supplemental Application for Community Based Care Grant OR International Student Supplemental Application for Community Based Care Grant.

Please see the [Student Parent Handbook](mailto:worklife@ucdavis.edu) for complete information.

## SECTION A: Student Parent Information

If two UC Davis student parents are applying for the grant, complete Adult/Parent 1 and 2 sections. Otherwise, please provide only the UCD student information in this section.

<table>
<thead>
<tr>
<th>Adult/Parent 1 Name:</th>
<th>Student ID #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>UC Davis Email:</th>
</tr>
</thead>
</table>

**Student Category:**
- □ Graduate
- □ Education
- □ GSM
- □ Law
- □ Medicine
- □ Nursing
- □ Vet Medicine

**Program of Study:**

<table>
<thead>
<tr>
<th>Number of years in program:</th>
</tr>
</thead>
</table>

Are you an international student?
- □ Yes
- □ No

<table>
<thead>
<tr>
<th>Total # of family members (adults/children) in household:</th>
</tr>
</thead>
</table>

Terms you will be enrolled at UC Davis and for which you are requesting funding. You may apply for current and/or upcoming terms within the academic year. If you are on semesters, please leave Winter box unchecked. (This MUST match your provider terms of care in Section B)
- □ Fall
- □ Winter
- □ Spring

**Adult/Parent 2 (only if UCD student ALSO requesting grant):**

<table>
<thead>
<tr>
<th>Student ID #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Category:</th>
</tr>
</thead>
</table>
- □ Graduate
- □ Education
- □ GSM
- □ Law
- □ Medicine
- □ Nursing
- □ Vet Med

**Program of Study:**

<table>
<thead>
<tr>
<th>Number of years in program:</th>
</tr>
</thead>
</table>

Are you an international student?
- □ Yes
- □ No

<table>
<thead>
<tr>
<th>UC Davis Email:</th>
</tr>
</thead>
</table>

Terms you will be enrolled at UC Davis and for which you are requesting funding. You may apply for current and/or upcoming terms within the academic year.
- □ Fall
- □ Winter
- □ Spring
SECTION B: Child Care Information
Your provider must sign this section. Use separate forms if you employ more than one provider. If provider address or name is same as your home address/name please indicate your relationship to provider.

Child Care Provider’s Name:

Address:

Telephone:  Email:

<table>
<thead>
<tr>
<th>Name of Dependent Requiring Care</th>
<th>Child’s Date of Birth</th>
<th>Grade in 2019-2020</th>
<th>Total $ Amount Paid per Month</th>
<th>Terms for Which Care is Contracted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Fall □ Winter □ Spring</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Fall □ Winter □ Spring</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Fall □ Winter □ Spring</td>
</tr>
</tbody>
</table>

For this section, Fall is Oct, Nov, Dec; Winter is Jan, Feb, March; Spring is April, May, June. If only a portion of the term, please indicate months. Actual subsidy dates vary by program and terms.

By signing below, I certify that the above information is true and correct.

Child Care Provider’s Signature: ________________________________ Date: __________

SECTION D: Statement of Understanding
This section to be completed by adults listed in Section A.
Submit this completed and signed form along with any supporting documentation to the WorkLife office. You may scan and attach a PDF of your application and email your materials to worklife@ucdavis.edu.

☐ I/we certify that I/we meet all the eligibility criteria required for the programs selected.

☐ I/we certify that it is my/our responsibility to pay funds received to the child care provider noted above.

☐ I/we understand that it is my/our responsibility to report to the WorkLife office any changes in my/our student status, finances, child care arrangements or costs during the awarded period.

☐ I/we certify that if I/we go on Filing Fee, I/we will inform WorkLife, as it will affect my disbursement.

☐ I/we certify I/we are not in a self-supporting program (SSP) or a visiting student. (Both are ineligible).

NOTE: while students in an SSP are not eligible for GSCCG, they may be eligible for CBCG. If enrolled in an SSP, please submit THIS completed application (with an SSP Status note) and a completed CBCG application.

☐ I/we certify that all statements relating to this application are complete and correct to the best of my/our knowledge, and I/we understand that intentional misrepresentation may result in cancellation and repayment of any child care funding received.

WARNING: Purposely giving false or misleading information on this form may result in fines and/or jail time.

Adult/Parent 1 Signature: ________________________________ Date: __________

Adult/Parent 2 Signature: ________________________________ Date: __________