

Required Forms	Completed Application	
(attach to application)	Class Schedule (each quarter you are requesting care)	
(attach to application)	Financial Aid Award Letter (available on Web Advisor)	

DATE: _____

APPLICATION INFORMATION

Name
Address
City
State/Zip
Phone Number(s)
E-mail Address

COLLEGE INFORMATION

Student ID Number			
Program/Area of Concentration at SCC			
Credit Hours Completed at SCC in Degree Program			
Credit Hours Enrolled or Plan to Enroll			
Date Started SCC	Expected Graduation Date		
Do you have a military connection? (circle)	Self-past	Self-present	Family
Are you a participant in Trio? (circle)	Yes	No	
If yes, (circle one)	College	High School	
Dates of participation in TRIO:			

EMPLOYMENT

Place of Employment		
Hours of Work Per Week		
Are you currently receiving Child Care Subsidy? (circle one)	Yes	No
If yes, please explain		

FAMILY INFORMATION

Marital Status (check one)	Married		
	Not Married and Dependent on Parent(s)		
	Not Married and Independent		

Number of Adults in Home	Number of Children
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Race/Ethnicity (check one)	Name & Birthdate of Each Child
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American Indian/Alaska Native

Asian

Black or African American

Hispanic or Latino

Hawaiian/Other Pacific Islander

White

Two or More Races

Other

Describe extenuating circumstances:	Number of Dependents
	GRANT PROGRAMS
	(circle program(s) of interest to you)

	Childcare 6wks-5yrs: Full or Part-Time Care
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	Summer Camp: 5-11 yrs; Summer Months
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	Mini Camp: Day Program for School Aged Children when LPS is out of school
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