

**NC COMMUNITY COLLEGE SYSTEM CHILD CARE PROGRAM**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

Student ID: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you completed a current FAFSA application for Financial Aid? Yes or No

**EDUCATIONAL INFORMATION:**

Current (or anticipated) program of study: \_\_\_\_\_

Anticipated number of credit hours: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
*(Full time is 12 credit hours)*

Enrollment *(Circle One)*: Seated Online Both \*6 Credit Hour Minimum

**DEPENDENT INFORMATION:**

NOTE: Children must be from birth to age 5 to qualify.  
Please list child(ren)'s name, age, and date of birth below. *(Only include children you need assistance for.)*

1. \_\_\_\_\_

2. \_\_\_\_\_

**PROVIDER INFORMATION:**

Name: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Address: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Are you currently receiving day care assistance? \_\_\_\_\_ From what source: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN APPLICATION TO:**

**Stanly Community College, Attn: Melissa Preslar, 141 College Drive, Albemarle, NC 28001**

**Email: [mpreslar5418@stanly.edu](mailto:mpreslar5418@stanly.edu)**

**Fax: 704-991-0160**

Financial Aid Office Use Only

Unmet Need \_\_\_\_\_ # of Children \_\_\_\_\_ Date Rcvd \_\_\_\_\_ SAP \_\_\_\_\_ Eligible \_\_\_\_\_