



# Pamlico Community College

Office of Financial Aid

T: 252.249.1851 x3026 F: 252.249.1622 [finaid@pamlicocc.edu](mailto:finaid@pamlicocc.edu)

## Childcare Grant Assistance Application

Student-parents are encouraged to apply for funds to help pay childcare expenses while attending PCC. Only student-parents whose childcare expenses are not covered by other public agencies are eligible. Return the completed application to the Pamlico Community College Financial Aid Office. ***Incomplete applications will not be considered.***

Name \_\_\_\_\_ Student ID \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Program of Study \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

**Please check one for each of the following:**

Have you submitted the 2025-2026 Free Application for Federal Student Aid (FAFSA)?  Yes  No

Marital Status:  Single  Married  Separated  Divorced  Widowed

Current student enrollment status at PCC:

Full-time (12+ credits)  Quarter-time (9-11 credits)  Half-time (6-8 credits)  Less than half-time (5 credits or less)

Are a portion of your childcare expenses currently paid by another agency? (Ex. Social Services, Voc. Rehab, JTPA, etc.)  Yes  No

Please list the name, age, and date of birth for each child living with you and for whom childcare is required.

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of your need and why you should be considered for the Childcare Grant.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Childcare Facility or Provider \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Average weekly childcare expense: \$ \_\_\_\_\_

Please provide the following with this application:

- Copy of the birth certificate for each child to be covered by the grant
- Copy of the social security card for each child to be covered by the grant
- Copy of student PCC registration statement for the upcoming fall semester
- Copy of denial letter from the Department of Social Services
- An official letter from the licensed childcare provider verifying the child's enrollment or start date and the weekly rate for each child
- Copy of the childcare provider's license

**CERTIFICATION**

I have read and fully understand the information required for the Child Care Grant Application and certify that the above information is true. I am aware that course attendance is mandated to remain eligible for funds and understand that verification of my class attendance will be required each month of the program. I understand the eligibility requirements and responsibilities of the Child Care Assistance Program as a participant. I understand that I will be responsible for any childcare costs exceeding the payment paid by the grant. I hereby certify my willingness to participate in the Child Care Grant Assistance Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date