

Fall 2011 Associated Students Undergraduate Student Childcare Grant Application

According to Associated Students Legislative Council to qualify for this grant you must meet be a currently enrolled undergraduate student, you must not have previously applied for a grant this quarter, and both parents must not apply in the same quarter for the same child. If you believe that you qualify and wish to be considered for the A.S. Childcare Grant, complete this application and attach documentation (course schedule from gold, letter of need, proof of dependent), and return the application to the Women's Center, **1220 Student Resource Bldg.** Applications may be turned in by **Friday October 21st** or **Friday November 18th**. A check will be issued 5 working days after approval and will be available from 9am-4pm at the A.S. Cashiers Office.

Your Name _____	Email _____
Local Mailing Address _____	
Perm Number _____	Phone Number: _____
Name of Children: _____	
Please, check the appropriate box:	Total Amount Requested: _____
<input type="checkbox"/> One Child: \$125 <input type="checkbox"/> Two Children: \$150 <input type="checkbox"/> Three Children: \$175 <input type="checkbox"/> Four Children: \$200	
Please select the appropriate box: <input type="checkbox"/> Mid-Terms <input type="checkbox"/> Finals	
Have you applied for an AS Student Childcare Grant before? <input type="checkbox"/> yes <input type="checkbox"/> no, this is my first time	

Please remember to attach:

1. Proof of dependent (ONLY REQUIRED FOR FIRST TIME APPLICANTS)
2. Course schedule from gold (required every quarter)
3. Letter of need (required every quarter)

Direct any questions regarding this grant to Kegan Allee at the Women's Center, 893-3305.

I hereby certify that these funds will be used to provide additional childcare for my child/children while I am writing a paper and/or studying for midterms or finals. I am completely responsible for arranging for the childcare provider. I also certify that the above information is correct.

Signature of Applicant _____ Date _____

ASSOCIATED STUDENTS USE ONLY

01-312-6700-00

VENDOR # _____ QUARTER _____ MIDTERM _____ FINAL _____
 TOTAL GRANT AMOUNT APPROVED BY CHILDCARE COMMITTEE: \$ _____

 CHILDCARE COMMITTEE CHAIR/VICE CHAIR DATE _____

 ADVISOR DATE _____

 A.S. EXECUTIVE DIRECTOR DATE _____

If you would like to receive an annual Santa Barbara Zoo pass, please fill out the membership form and return it with your Childcare Grant application. Upon approval we will provide you with a membership gift voucher for the SB Zoo to be picked up with the AS Ticket window along with approved childcare grant check. Please take the voucher from the zoo and they will issue you a yearly membership pass, which allows you free access to the zoo for one year.