

Associated Students Undergraduate Student Childcare Grant 2013 Spring Quarter Finals Application

According to Associated Students Legislative Council, to qualify for this grant you must be a currently enrolled undergraduate student with a dependent. Only one parent may apply per quarter for the same child(ren).

If you believe that you qualify and wish to be considered for the A.S. Childcare Grant, complete this application and attach the documentation specified below to the **Women's Center, 1220 Student Resource Building**.

Applications must be turned in by **Wednesday, May 22nd (week 8)** to receive funding. A check will be issued 5 working days after approval and will be available from 9am–4pm at the A.S. Cashiers Office, (805) 893 - 2064.

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	
Have you applied for an AS Student Childcare Grant before? <input type="checkbox"/> yes <input type="checkbox"/> no, this is my first time	
<i>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.</i>	
Signature of Applicant _____	Date _____

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 the **Non-traditional Student Services at (805) 893-5869**.

<i>ASSOCIATED STUDENTS USE ONLY</i>	
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 _____
<p>If you would like to receive an annual family museum 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 to be picked up with the AS Ticket window along with approved childcare grant check.</p>	