

Pathways To Success

"Pathways To Success:

The support you need to accomplish your goals"

Application for Child Care and Transportation Assistance

Eligibility Requirements:

- GCC student enrolled in a technical major (Associate of Applied Science Degree or Certificate) with a current GPA above 2.0
- Eligible to receive Pell Grant
- Qualifying students:
 1. Single Parents
 2. Single Pregnant Women
 3. Displaced Homemakers
 4. Students with Disabilities
 5. Students Preparing for Non-Traditional Fields
 6. Students with Limited English Proficiency
 7. Economically Disadvantaged Students
- Complete the Assistance Application and provide all requested documentation.

Required Documents:

1. Completed Pathways to Success **Application** for Assistance
2. Proof of **Pell Award**
3. Completed **Childcare Provider Verification form** (if requesting child care assistance)
Child care Provider must be one of the following:
 - Licensed child care center (Texas or Oklahoma)
 - Registered child care home (Texas)
 - Licensed child care home (Oklahoma)Helpful websites:
Texas: http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDayCare.asp
Oklahoma: <http://www.okdhs.org/childcarefind/?URLIsOK=True>
4. Copy of **birth certificate** for each child you are requesting child care assistance
(The number of qualifying children limited to: **2 children.**)
5. Copy of **class schedule**
6. Copy of all **college transcripts**

Please return completed application and all required documentation to:

Susan Lancaster
Coordinator of Special Services
6101 Grayson Drive
Denison, TX 75020
903-463-8694 (office)
903-463-8613 (fax)
lancasters@grayson.edu

Applications will not be processed until all required documentation is received.

Priority Deadlines to apply for funding:

<u>Semester</u>	<u>Priority Deadline</u>
Fall	August 15
Spring	December 15
Summer	May 15

Applications *will be* accepted after priority deadline. Priority consideration is given to applications received before the priority deadline.

Pathways To Success

Your Information

Fill in each blank. Please print legibly.

Assistance Requested (Select One) <input type="checkbox"/> Child care assistance <input type="checkbox"/> Transportation assistance		Semester(s) Requesting Assistance: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Date Application Submitted:	
Applicant Name: (First) (Last)		Date of Birth:	Student ID Number: Social Security #		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:			City/State:		Zip:
Physical Address: (if different)			City/State:		Zip:
Place of Employment:		Employer Address:		City/State/Zip:	
Number of hours worked weekly:	Monthly Gross Income (before taxes): \$ _____/month		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly		
Home Phone:		Cell Phone:		Work Phone:	
Major:	Current Overall GPA:	Email Address: (Communication will be sent by email.)			
Educational Goals: Why are you attending college? What are your goals?					
Have you completed the FAFSA application? <input type="checkbox"/> Yes <input type="checkbox"/> No Date completed: _____ EFC: _____					
Are you a single parent (separated, divorced, widowed, never married) who has custody or joint custody of minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a single, pregnant woman? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a displaced homemaker? Have you primarily devoted yourself to making a home and then were left alone because of separation, divorce, death, or an absent spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you require accommodations related to a physical, mental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you seeking training for employment in a position usually occupied by the opposite sex, a non-traditional job? (Ex: a male nurse, female welder) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Souse or Significant Other's Information (Only if living within the same household)

Name: (First) (Last)		Date of Birth:	Cell Phone:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Employment:		Employer Address:		City/State/Zip:	
Number of hours worked weekly:	Monthly Gross Income (before taxes): \$ _____/month		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly		

Pathways To Success

Information Regarding Each Additional Household Member Under Age 18

1. Child's Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you:
Does the child need care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of care needed: <input type="checkbox"/> Full-Day <input type="checkbox"/> After school <input type="checkbox"/> Part-Day <input type="checkbox"/> No Care Needed		Days of Week Care Needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri	
2. Child's Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you:
Does the child need care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of care needed: <input type="checkbox"/> Full-Day <input type="checkbox"/> After school <input type="checkbox"/> Part-Day <input type="checkbox"/> No Care Needed		Days of Week Care Needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri	
3. Child's Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you:
Does the child need care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of care needed: <input type="checkbox"/> Full-Day <input type="checkbox"/> After school <input type="checkbox"/> Part-Day <input type="checkbox"/> No Care Needed		Days of Week Care Needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri	
4. Child's Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you:
Does the child need care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of care needed: <input type="checkbox"/> Full-Day <input type="checkbox"/> After school <input type="checkbox"/> Part-Day <input type="checkbox"/> No Care Needed		Days of Week Care Needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri	

Do You Receive Any of the Following?

Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	T.A.N.F. <input type="checkbox"/> Yes <input type="checkbox"/> No For Whom? _____	Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance from DARS <input type="checkbox"/> Yes <input type="checkbox"/> No	WIA or Assistance from Workforce Texoma <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance from TCOG <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Study <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Loans <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	VA Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No
Workman's Comp. <input type="checkbox"/> Yes <input type="checkbox"/> No	PELL Grant <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation Assistance from Workforce Texoma <input type="checkbox"/> Yes <input type="checkbox"/> No	CCMS child care assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No What: _____
Have you applied to receive CCMS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have applied for CCMS (Child Care Management Services). <input type="checkbox"/> I am on the CCMS waiting list/not currently funded. <input type="checkbox"/> I have been approved and will begin CCMS funding on _____.				

I certify that the information I have given on this form is true and correct to the best of my knowledge.

Applicant's Signature: _____	Date: _____
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For Child Care Assistance Applicants Only

Privacy release statement Authorization to release information

Name of child care provider: _____

I authorize the above-referenced child care provider to release information concerning child care services for my child(ren) and to release any information concerning other funding sources that I receive. I give permission for the Coordinator of Special Services to release information to my child care provider. Information is limited to: billing and payment information for child care services, class schedule, child care schedule, and child(ren) attendance. In addition, I understand that if I am eligible for funding through Workforce Texoma - Child Care Management Services, I must report this to the Coordinator of Special Services prior to my first payment.

Student Signature: _____ Date: _____

Pathways To Success

Grayson County College

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Child Care Provider Verification Form

GCC Student/Parent: _____
First Last

Child(ren) in Daycare:

- 1. Child's Name: _____ Age: _____ Date of Birth: _____
- 2. Child's Name: _____ Age: _____ Date of Birth: _____
- 3. Child's Name: _____ Age: _____ Date of Birth: _____

Days of week child(ren) will attend daycare:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

To be completed by owner/director/manager of daycare facility:

LICENSED DAYCARE CENTER or REGISTERED/LICENSED HOME:

NAME: _____ Permit #: _____

- ___ Licensed Daycare Facility
- ___ Registered /Licensed Home

Contact Person: _____

Mailing Address: _____
Street/P.O. Box

_____ City _____ State _____ Zip

Phone Number: _____ Fax Number: _____

LIST COST OF CARE:

- 1. Child's Name: _____ \$per week: _____
- 2. Child's Name: _____ \$per week: _____
- 3. Child's Name: _____ \$per week: _____

Director/Owner/Manager

Date