A.S. Childcare Grant Summer Session B 2024

Instructions for Undergraduate Student-Parents;

Please read the grant application carefully as some options have changed.

- ⇒ Fill out every section of the application and check-off the appropriate box in each section.
- ⇒ Attach all required documents. Double check that each section has been completely filled out prior to turning in your application to avoid a delay in processing and receiving your check.
- ⇒ First time applicants ONLY: bring an original hard copy of child(ren's) birth certificates. We'll make a copy.
- ⇒ Child-care provider <u>may not be a family member or relative</u>. Be sure to include the provider's phone number.
- ⇒ Provide current mailing address, and check appropriate box if you would like your check mailed to you.
- ⇒ Turn in application and supporting documents to the Non-Traditional Student Resource Center staff. Application processing will begin the morning after the application due-date.

No late Applications will be accepted

*Your check will be ready for pick-up at the A.S. Ticketing Office (where you pick up bus passes) unless you request to have it mailed

*Is my check ready? Call the A.S. Ticketing Office at (805) 893-2064.

*Other questions? Email NTSRC@sa.ucsb.edu or stop by the NTSRC, and we will be happy to help you.

The Non-Traditional Student Resource Center

1109 Student Resource Building

Phone: (805) 893-5869

Email: ntsrc@sa.ucsb.edu



Please keep this sheet for your records.

Associated Students Undergrad Student Childcare Grant Summer Session B 2024 Application

According to Associated Students Senate, 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. If you meet these qualifications and wish to be considered for the A.S. Childcare Grant, complete this application and bring the documentation specified below to the Non-Traditional Student Resource Center, room 1109 in the SRB. Applications must be turned in by Friday, August 16, 2024 to receive funding. Check will be issued minimum 14 working days after deadline (not submission date).

Your Name:P	hone Number:		
Mailing Address:	dress:city/zip		
Would you like your check mailed to you? Yes	No, I'll pick it up at the	A.S. Ticke	ting Office
Please select one: One Child: \$125 Two Children:	: \$150 Three Children: \$	175 🗆 F	our Children: \$200
Email:	mail:Perm Number:		
Name of Children:			
*Childcare Provider Name and Phone Number:			
I hereby certify that these funds will be used to provide additional and/or studying for midterms or finals. I am completely rethat the above information is correct. Signature of Applicant:	esponsible for arranging for th	e childcare	provider. I also certify
			Date stamp <u>upon receipt of</u>
Please remember to attach:			documents:
⇒ Proof of Dependent (REQUIRED ONLY FOR	FIRST TIME APPLICANTS	6)	
Verified Documents:			
Staff initials: Staff Verificatio	on Date		
ASSOCIATED STUDENTS USE ONLY			NITCDC III. O. I
01-312-6700-00 VENDOR # QUARTER MIDTERM FINAL			NTSRC Use Only
TOTAL GRANT AMOUNT APPROVED BY CHILDCARE COMMITTEE: \$			□ undergraduate □ provider listed
CHILDCARE COMMITTEE CHAIR/VICE CHAIR	DATE		□ phone/address provided
	DATE		□ # of children/BCs match
ADVISOR	DATE		□ verified