A.S. Childcare Grant Fall 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

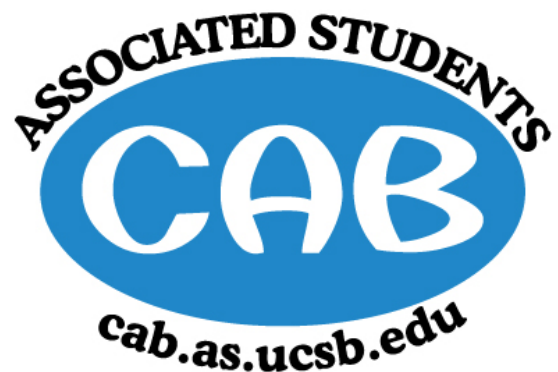*Is my check ready? Call the A.S. Ticketing Office at (805) 893-2064.

*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
Fall 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, October 11th** to receive funding. Check will be issued minimum 14 working days after deadline (not submission date).

Your Name: _____ Phone Number: _____

Mailing Address: _____ city/zip _____

Would you like your check mailed to you? ☐ Yes ☐ No, I'll pick it up at the A.S. Ticketing Office

Please select one: ☐ One Child: $125 ☐ Two Children: $150 ☐ Three Children: $175 ☐ Four Children: $200

Email: _____ Perm Number: _____

Name of Children: _____

*Childcare Provider Name and Phone Number: _____

_____

Have you applied for an A.S. Student Childcare Grant before? ☐ Yes ☐ No, **this is my first time and my proof of dependent is attached.** (FIRST TIME APPLICANTS ONLY)

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:** _____

Please remember to attach:

⇒ **Proof of Dependent** (REQUIRED ONLY FOR FIRST TIME APPLICANTS)

Verified Documents:

Staff initials: _____ Staff Verification Date _____

Date stamp upon receipt of documents: