A.S. Childcare Grant Winter 2023

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.
- \Rightarrow 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. If no staff member is present, please leave your application in the black box located on the wall near the window.

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 Winter 2023 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 Thursday, January 19, 2023 to receive funding. Check will be issued minimum 14 working days after deadline (not submission date).

Your Name:	Phone Number:		
Mailing Address:city/zip			
Email:Perm Number			:
Name of Children:			
*Childcare Provider Name an	nd Phone Number:		
and/or studying for midterms or fi that the above information is corre	ill be used to provide additional childcare nals. I am completely responsible for ar ect.	ranging for the childcare	provider. I also certify
Please remember to atta	ach:		Date stamp <u>upon receipt of</u> <u>documents:</u>
\Rightarrow Proof of Dependent (R	REQUIRED ONLY FOR FIRST TIME A	APPLICANTS)	
Verified Documents:			
Staff initials:	Staff Verification Date		
ISSOCIATED STUDENTS USE ONI	LY		NTSRC Use Only
0 1-312-6700-00 /ENDOR#QUARTER	MIDTERMFINAL_		□ undergraduate
OTAL GRANT AMOUNT APPROVED BY CHILDCARE COMMITTEE: \$			□ provider listed
CHILDCARE COMMITTEE CHAIR/VICE CHAIR DATE			□ phone/address provided
ADVISOR DATE			□ # of children/BCs match
ADVISOR		DATE	□ verified