

SEATTLE CENTRAL COMMUNITY COLLEGE
Child Care Voucher Program Application for Winter Quarter 2012
Due: November 15, 2011
Return application to Women's Programs

PLEASE PRINT CLEARLY OR TYPE INFORMATION

NAME _____
 ADDRESS _____
 MALE _____ FEMALE _____ PHONE _____

DATE OF APPLICATION _____
 STUDENT ID# _____
 CITY _____ STATE _____ ZIP _____

EDUCATIONAL GOAL/CERTIFICATE _____ # OF CREDITS REMAINING FOR GOAL _____

TOTAL # OF DEPENDENTS YOU SUPPORT _____

NAME OF DEPENDENT	AGE OF DEPENDENT	CHECK IF REQUIRES CHILDCARE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL # OF ADULTS LIVING IN HOUSEHOLD (including self) _____ TOTAL # OF CHILDREN LIVING IN HOUSEHOLD _____

THE FOLLOWING OPTIONAL INFORMATION IS EXTREMELY HELPFUL FOR REPORTING PURPOSES:

Marital Status: Single Married Divorced Birth Date: _____
 Ethnic Origin: Asian/Asian American African/African American Caucasian/White
 Latin American/Hispanic Alaskan Native/Native American Other (Specify) _____

FINANCIAL INFORMATION

FINANCIAL AID: Are you receiving financial aid through Seattle Central Community College? No Yes

If yes, check all that apply

Supplemental Grant Pell Grant State Need Grant Tuition Waiver Vocational Rehabilitation
 Veterans/Social Security WorkStudy External Scholarship Foundation Scholarship
 Other (Specify) _____

Total Financial Aid Award for this quarter \$ _____

INCOME & EXPENSES

If you combine resources with your spouse/partner, please also include his/her MONTHLY income and expenses below.

Estimated MONTHLY income

\$ _____ Earnings (take-home pay from employment)
 \$ _____ Other earnings (employment, etc)
 \$ _____ Unemployment benefits
 \$ _____ Financial help from family, friends
 \$ _____ Veteran's benefits / pension / retirement
 \$ _____ Child support/maintenance
 \$ _____ Judgment, will, trust, etc
 \$ _____ Public Assist from TANF / SSI / Food Benefits
 \$ _____ Other _____

\$ _____ TOTAL

Estimated MONTHLY expenses

\$ _____ Rent/mortgage payment
 \$ _____ Food/necessities
 \$ _____ Cable, phone, internet
 \$ _____ Utilities (heat, water, electric, etc)
 \$ _____ Health insurance/expenses
 \$ _____ Transportation (bus, car, insurance)
 \$ _____ Childcare/babysitting
 \$ _____ Credit card/loan payments
 \$ _____ Other _____

\$ _____ TOTAL

I CERTIFY THAT ALL OF THE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED.

 SIGNATURE OF APPLICANT

 DATE