



**NATIONAL AMERICAN UNIVERSITY**  
**Minnesota Child Care Grant Application**  
**2009/10 Financial Aid Award Year**

**IMPORTANT: Read instructions before completing application. Incomplete applications will not be processed.**

- Step 1 Student completes Section A and gives form to child care provider.
- Step 2 Child care provider completes Section B and returns form to student.
- Step 3 Student submits application to National American University financial aid office.
- Step 4 National American University completes Section C and notifies student of award.

**Section A-Completed by Student (Please use ink or type)**

1. Name (Last, First, Middle) \_\_\_\_\_

2. SSN \_\_\_\_\_ 3. Date of Birth (Mo/Day/Yr) \_\_\_\_\_

4. County of Residence \_\_\_\_\_ 5. Phone Number w/area code \_\_\_\_\_

6. Address \_\_\_\_\_ 7. City, State, Zip \_\_\_\_\_

8. E-mail Address \_\_\_\_\_ 9. NAU campus attending \_\_\_\_\_

10. Are you a Minnesota resident? (see instructions) \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Citizenship: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Eligible Non-citizen \_\_\_\_\_ Neither

12. Are you and/or any of your dependents currently receiving MFIP benefits?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list names of **all** MFIP recipients and attach documentation from  
 \_\_\_\_\_ county social services office)  
 \_\_\_\_\_

13. Are you \_\_\_\_\_ married \_\_\_\_\_ not married \_\_\_\_\_ separated

14. What is your total family income? (see instructions) \$ \_\_\_\_\_

15. Number of persons in family (see instructions) \_\_\_\_\_

16. Number of children 12 years old or younger receiving child care \_\_\_\_\_

17. Number of handicapped children 14 years old or younger receiving child care (see instructions) \_\_\_\_\_

18. Are you or the other parent receiving child care assistance from some other source? (see instructions)  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please identify source and attach documentation of assistance you  
 \_\_\_\_\_ are receiving.

19. Indicate the number of credits for which you intend to register per quarter:  
 \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

**STUDENT CERTIFICATION-Please check the box next to each statement indicating that you understand the statement**

- I understand and accept the obligation to provide a written report to NAU of any changes in information provided on this application within 10 days of the change. Changes may include, but are not limited to, my enrollment, family size, family income, receipt of MFIP or Basic Sliding Fee benefits, hours of child care, changes in provider, or provider rates, etc.
- I understand that the Postsecondary Child Care Grant must be used to pay my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes. I agree to furnish receipts from my child care provider if requested by the school or Office of Higher Education staff.
- I give permission to NAU and the Office of Higher Education to contact my child care provider(s) to verify the information provided on this application and to report my child care award to my county social service agency if I receive MFIP benefits or Basic Sliding Fee child care assistance during this academic school year.
- I give permission to the county social service agency to release to NAU or the Office of Higher Education the amount and terms of any MFIP or Basic Sliding Fee child care benefits I receive from July 1, 2009 to September 30, 2010. I also give my provider permission to verify the information in the Provider's Section, when contacted by NAU or Office of Higher Education Staff.
- I declare that the other parent or legal guardian of my child/children is not capable or available to care for my child/children during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.
- I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Postsecondary Child Care Grant Program and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both, and such action may result in the forfeiture or repayment of future awards from this program.
- I understand that, if I withdraw from NAU after receiving a Postsecondary Child Care Grant, all or a portion of the grant will need to be repaid to NAU.

\_\_\_\_\_  
 Student's Signature Date

**SECTION B-Completed by Child Care Provider (Please use ink or type)**

Child's Name	Child's Age	Child's Date of Birth	Total Hours Child Care Provided Per Week	Hourly Rate	Weekly Rate	Child Care Assistance from other Sources*		Date Day Care Started
						Amount	Source	
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		

\*Please list child care assistance paid to provider from other sources such as MFIP, Basic Sliding Fee, private child care scholarships, or other assistance programs.

Child Care Center/Provider's Name \_\_\_\_\_  
 Relationship to Student (if any) \_\_\_\_\_  
 Provider's Address \_\_\_\_\_ City \_\_\_\_\_  
 State and Zip \_\_\_\_\_ County \_\_\_\_\_  
 Provider's E-mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

Check all that apply:

- I am a licensed home child care provider. License number: \_\_\_\_\_
- I represent a licensed child care center. License number: \_\_\_\_\_
- I am a relative of the student.
- I am at least 18 years of age and legally exempt from home day care licensure. Under the exempt status I will care only for my own children and/or the children of the student listed on this application.
- I represent a latch-key program which has a contract with a school district to provide child care for school age children.

**PROVIDER CERTIFICATION-Please check the box next to each statement indicating that you understand the statement.**

- I certify that the information provided in Section B is true and correct and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the forfeiture or repayment of future awards from this program.
- I promise to provide additional documentation if necessary, including confirming the above information when contacted by Office of Higher Education staff or NAU financial aid staff. I also grant permission to Office of Higher Education auditors to review my financial records to verify receipt of Postsecondary Child Care Grant funds.
- I give permission to the Office of Higher Education or the NAU financial aid staff to report the amount of the student's Postsecondary Child Grant to the Internal Revenue Service or the Minnesota Department of Revenue as taxable income to the provider, when requested (applies only to unlicensed child care providers).
- I understand that I cannot charge a Postsecondary Child Care Grant recipient a higher rate for services than the rates charged to other clients who are not recipients. I understand that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both.
- I understand my obligation to immediately report any changes to the information provided in the above chart to NAU's financial aid staff using the contact information provided below. This includes informing NAU's financial aid staff if I am no longer providing child care services for the student's children.

\_\_\_\_\_  
 Provider's Signature

\_\_\_\_\_  
 Date

**Child Care Provider return this form to the student.**

**SECTION C-Completed by National American University Financial Aid Administrator**

Student's Total Income from FAFSA: \_\_\_\_\_ Student's Family Size from FAFSA: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
 NAU Campus Financial Service Representative's Signature

\_\_\_\_\_  
 Date