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 by one of these methods:

Fax to: 605-721-5240
Scan/e-mail to: FAFoms@national.edu
Physical mail to:
National American University
Financial Aid
5301 S Highway 16
Rapid City, SD 57701

The maximum full-time Postsecondary Child Care Grant award for a 2015/16 full-time student (15 credits per term) is $3,800 for each eligible child per academic year. Assistance may cover up to 40 hours of child care per week for each eligible child, for a maximum home care cost of $5 an hour, and a maximum center care cost of $10 an hour. Annual awards will be divided evenly into quarter installments, and disbursed to recipients each quarter. The amount of the full-time term award will be decreased for students taking 6-14 credits.

Office of Higher Education staff or National American University financial aid personnel will contact child care providers to verify the information provided on the application.

STUDENT ELIGIBILITY
In order to be eligible, a recipient must:
1. be a Minnesota resident (see definition below), including undocumented students who qualify under the MN Dream Act;
2. not be receiving benefits from the Minnesota Family Investment Program (MFIP);
3. must be income eligible (NAU financial aid office has a chart showing qualifying income guidelines);
4. be pursuing a non-sectarian program or course of study that applies to an undergraduate degree, diploma, or certificate;
5. have a child 12 years of age or younger, or 14 years of age or younger with a disability, needing child care service on a regular basis;
6. be enrolled at least half-time, taking at least six credits per quarter;
7. be in good standing and making satisfactory academic progress;
8. not be receiving tuition reciprocity;
9. not be in default on a student loan or, if in default, have made satisfactory arrangements to repay the loan with the holder of the note;
10. not have earned a baccalaureate degree; and
11. not have attended the equivalent of more than eight full-time semesters or twelve full-time quarters of Postsecondary education. If you withdrew from college during a term because you were called up for active military service after December 31, 2002, please provide the necessary documentation to the NAU financial aid office.

Minnesota resident is:
1. a student who has resided in Minnesota for purposes other than postsecondary education for at least 12 consecutive months without being enrolled at a postsecondary institution for more than five credits in any term; or
2. a dependent student whose parent or legal guardian resided in Minnesota at the time the 2015-16 FAFSA was completed; or
3. a student who graduated from a MN high school, if the student was a resident of MN during the student’s period of attendance at the MN high school and the student is physically attending a MN campus; or
4. a student who, after residing in the state of Minnesota for a minimum of one year, earned a high school equivalency certificate in Minnesota; or
5. a student who is a member (or spouse/dependent of a member) of the armed forces of the United States stationed in Minnesota on active federal military service as defined in section 190.05, subdivision 5c; or
6. a spouse or dependent of a veteran, as defined in section 197.447, if the veteran is a MN resident; or
7. a student (or spouse of) who relocated to Minnesota from an area that is declared a presidential disaster area within 12 months of the disaster declaration, if the disaster interrupted the person’s postsecondary education; or
8. a student defined as a refugee under United States Code, title 8, section 1101(a)(42) who, upon arrival in the United States, moved to Minnesota and has continued to reside in Minnesota.

APPLICATION QUESTIONS

Question #11 on application – Child with a disability is: A child who has a hearing impairment, blindness, visual disability, speech or language impairment, physical disability, other health impairment, mental disability, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services, as determined by the standards of the commissioner, is a child with a disability.

A child without a disability is: A child with a short-term or temporary physical or emotional illness or disability, as determined by the standards of the commissioner, is not a child with a disability.

Question #12 on application – Other sources of child care funding: Answer “yes,” if you are receiving child care funding from another source. Examples are: the child’s other parent is receiving the Postsecondary Child Care Grant, your employer is helping to pay your child care costs, you receive Basic Sliding Fee child care assistance from the county, you receive an Early Childhood scholarship, you receive any other assistance to help pay for daycare costs, the other parent is receiving any of the above or a discounted day care rate, or your ex-spouse is required to cover a portion of child care provider costs per a divorce decree, etc.

NOTICE TO APPLICANTS

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your Social Security number is voluntary. The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Postsecondary Child Care Grant Program for such purposes as processing the application form, program evaluation, and reporting and notification of program eligibility and award amount to your Postsecondary institution.

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (2006), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of information to the school. You are not required to provide the information supplied in this application. However, failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 642-0567.