

Child Care & Family Services

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801-957-3070

Fax 801-997-3070

RM 1-188, South City Campus

Application for Voucher Assistance

Date: _____

Semester: Fall/Spring Year: _____

(Parent) Student Name: _____

Student ID #: _____

Phone #: _____

Email Address: _____

Mailing Address: _____

City/State/Zip: _____

What campus do you currently attend? _____

Are you PELL Grant eligible? Yes No

Have you received a child care voucher for previous semesters? Yes No

If so, when? _____

Number of credit hours or clock hours registered for current semester: _____

Are you attending day or evening classes? _____

Are you receiving any other source of child care assistance? _____

If yes, from whom? _____

Name of licensed child care: _____

Contact: _____

Phone #: _____

Address: _____

Provider tax ID: _____

Name of the children using the voucher, age and relationship to student:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

*Vouchers are available for fall and spring semesters only.

*SLCC can only support students utilizing fully licensed or license exempt child care providers. Unlicensed child care is not eligible.

*Online class hours are not eligible.

*All funds are paid directly to the provider.

*Students are responsible for any monies left owing to the child care provider beyond the amount of the voucher.

*Student will not be eligible for the next semester(s) voucher if money is owed to the provider by the SLCC student.

*Applications are not processed prior to the third week of classes each semester.

*Maximum funding amount is \$700.00 per student family per semester.

*Students receiving child care assistance from any other state, county or city agency for school hours are not eligible for this program.

*Funding amount is based on credit hours enrolled and PELL grant eligibility.

*Students must reapply each semester.

*Credit hours must be maintained throughout semester to avoid loss of funds.

*All credit hours will be verified periodically throughout the semester.

*The child care provider will be asked to verify attendance of the child throughout the semester.

****Students must notify this office if child (children) is withdrawn from the provider's care, if the student withdraws from classes, or any other changes in eligibility status previously mentioned occur.**

****You must include a copy of the current contract with your child care provider with this application.**

You may email your completed application to holly.garcia@slcc.edu or fax 801-997-3070

Parent/Guardian Signature: _____ Date: _____

The items below are optional and are used by SLCC for reporting purposes only. Information you provide is completely confidential and will not affect your eligibility. Age: _____

Ethnic background (circle all that apply): Native American, African American, Asian, Hispanic, Caucasian, Pacific Islander, Other: _____

Marital Status: Single, Married, Divorced, Separated

The College is fully committed to policies of equal employment and nondiscrimination and works to prevent any form of exclusion from participation in, denial of benefits of, or subject any individual to discrimination, harassment, or prejudicial treatment on the basis of race, color, national origin, age, sex, sexual orientation, gender identity, genetic information, disability, religion, protected veteran status, expression of political or personal beliefs outside of the workplace, or any other status protected under applicable federal, state, or local law.