Child Care & Family Services

Wendy.blanchard@slcc.edu

801-957-6030 or 801-957-9697

Fax 801-957-6031

Application for Voucher Assistance

Date: _____

Semester: Fall/   Spring/   Summer_____ 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   Unsure

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 participating in a CTE program? (Y/N/unsure)

if yes, which program?   _____

Are you attending day or evening classes?   _____

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

If yes, from whom?

Child Care Center: (Please select one)

Jordan Campus Child Care

ECCLES Child Care (Taylorsville)

Tim & Brenda Huval Child Care (South Campus)

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

Name:_____ DOB_____ Age:_____ Relationship: _____

Name:_____ DOB_____ Age:_____ Relationship: _____

Name:_____ DOB_____ Age:_____ Relationship: _____

*SLCC can only support students utilizing SLCC child care locations.

*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 $1600.00 per student 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.

*Student must turn in a copy of the child care contract with the voucher application.

Students must notify this office if child (children) is withdrawn from the provider's care, if the student withdraws from classes, or any other changes in eligibility status previously mentioned occur.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 wendy.blanchard@slcc.edu or fax 801-957-6031 or 801-957-3071

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

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