

# MSU Child Care Grant Application- Provider Information Fall 2009

OFFICE OF  
**FINANCIAL  
— AID —**



MICHIGAN STATE UNIVERSITY  
252 STUDENT SERVICES BUILDING EAST LANSING, MI 48824-1113  
517/353-5940 FAX: 517/432-1155 E-MAIL: FINAID@MSU.EDU

Instructions:	Please have your provider complete the following form and return it to the address below. Note: If you have more than one child attending care a separate Provider Form must be completed for each child. Grant funds cannot be awarded until all documents have been received (Application and Provider Information Form).		
MSU Student's Name (Last, First):			
Child's Name:			
Date child began/will begin attending	Number of hours attending per week: (use back of form if more space is needed)		
Hourly rate:	Weekly rate:		
Person responsible for payment:			
Is DHS or any other form of assistance covering any portion of payment? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, what is the hourly/weekly copay that the parent/MSU student is responsible to pay after assistance has been applied?			
By signing below, i swear that the information submitted in this application and in any supporting documents is true, correct, and complete;			
Provider's signature:			Date:
Name of child care program:			
Local phone number:		Provider license #:	
Notes:			

**Return this form to:**

Attn: Chandra Owen  
Office of Financial Aid  
252 Student Services Bldg.  
East Lansing, MI 48824  
E-mail: [bailey42@msu.edu](mailto:bailey42@msu.edu)  
Phone: 517-353-5940 Fax: 517-432-1155

**Office Use Only:**

Reg Stat		EFC	
Enroll Stat		Marital Status	
Credit Hours		Empl/Student	
Program		Overaward	
999/Online		Keying	EU/PU1/flags/SU1/TU2/MU