

MSU Child Care Grant Application Fall 2024



Michigan State University
556 E Circle Dr, Room 252 Student Services Building East Lansing, MI 48824-1113
517-353-5940 FAX: 517-432-1155 E-MAIL: finaid@msu.edu

<p>This application is for Fall Semester 2024 only. The maximum award for the MSU Child Care Grant is \$1000 per semester per child.</p>		
Student Name (Last, First, Middle Initial)		
Student PID:		
<p>Indicate the total number of credits you are registered for Fall 2024: _____</p>		
	<p>Amount Requested</p>	<p>Documentation Required</p>
<p>Child Care/Elder Care (Costs related to MSU attendance)</p> <p>Ages of children: ___ ___ ___</p> <p>Will you receive reimbursement from a social services agency or other source?</p> <p>YES ___ NO ___</p> <p>If yes indicate source and amount:</p> <p>Source: _____</p> <p>Amount: \$ _____</p>	<p>\$ _____</p>	<p>1. Written statement explaining the necessity for costs to be incurred and the number of hours needed per week.</p> <p>2. Provider information form completed by the care provider stating the costs to be incurred, including any co-pay, the person that is responsible for payment, and the number of hours your child will be attending care.</p> <p>3. If you are married, your spouse is expected to contribute one-half of the cost.</p> <p>Note: The application needs to include a current provider information form from the care provider. If the form is not current (within one month of the beginning of the semester you are applying) it will be your responsibility to obtain an updated form from your provider and submit to the Financial Aid office for grant consideration.</p>
<p>By signing below, I swear that:</p> <ol style="list-style-type: none"> 1. The information submitted in this application and in any supporting documents is true, correct, and complete; 2. I understand that changes in my/my child's enrollment status may result in the reduction or cancellation of my award; 3. I understand that any withholding or falsification of information for the purpose of obtaining a grant may result in cancellation and repayment of my child care grant; 4. I understand that these funds are intended to be refunded to me in order to pay my childcare provider and failure to do so could result in cancellation and repayment of my child care grant; 5. I understand that by submitting this application I am granting the Office of Financial Aid permission to discuss my situation with my child care provider. 		
Student's Signature:		Date:
Local Phone Number:		

Return this form along with required documentation to:
 Attn: Traci Peake
 Office of Financial Aid
 556 E Circle Dr., Room 252
 Student Services Bldg.
 East Lansing, MI 48824
 Email: Peaketra@msu.edu
 Phone: 517-353-5940 Fax: 517-432-1155