MSU Child Care Grant Application- Provider Information

Provider must be licensed by the State of Michigan



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

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):		
MSU Student's PID:		
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 NO		
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: 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