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