**MSU Child Care Grant Application**  
**Fall 2015**

**This application is for Fall Semester 2015 only.**  
The maximum award for the MSU Child Care Grant is $1500 per semester per child.

<table>
<thead>
<tr>
<th>Amount Requested</th>
<th>Documentation Required</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1. Written statement explaining the necessity for costs to be incurred and the number of hours needed per week.</td>
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<tr>
<td></td>
<td>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.</td>
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<tr>
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<td>3. If you are married, your spouse is expected to contribute one-half of the cost.</td>
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</tbody>
</table>

**Child Care/Elder Care**  
(Costs related to MSU attendance)

Ages of children: ___ ___ ___

Will you receive reimbursement from a social services agency or other source?

YES ___ NO ___

If yes indicate source and amount:

Source: ____________________________

Amount: $__________________________

$ __________

By signing below, I swear that:

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: ____________________________

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Return this form along with required documentation to:  
Attn: Teresa Halliburton  
Office Of Financial Aid  
556 E Circle Dr., Room 252  
Student Services Bldg.  
East Lansing, MI 48824  
Email: hallibu1@msu.edu  
Phone: 517-353-5940  Fax: 517-432-1155