This application is for Summer Semester 2014 only.

The maximum award for the MSU Child Care Grant is $1000 per semester per child.

Student Name (Last, First, Middle Initial)

Student PID:

Indicate the total number of credits you are registered for Summer 2014: ________________

Graduate Students only – check for COGS Childcare Endowment consideration

<table>
<thead>
<tr>
<th>Amount Requested</th>
<th>Documentation Required</th>
</tr>
</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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<td></td>
<td>3. If you are married, your spouse is expected to contribute one-half of the cost.</td>
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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:

Return this form along with required documentation

To: Attn: Jennifer Maurer
Office Of Financial Aid
556 E Circle Dr., Room 252
Student Services Bldg.
East Lansing, MI 48824
Email: hensle18@msu.edu
Phone: 517-353-5940 Fax: 517-432-1155