# MSU Child Care Grant Application - Provider Information

*Provider must be licensed by the State of Michigan*

**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:**

<table>
<thead>
<tr>
<th>Date child began/will begin attending:</th>
<th>Number of hours attending per week:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(use back of form if more space is needed)</td>
</tr>
</tbody>
</table>

**Hourly rate:**

**Weekly rate:**

**Person responsible for payment:**

**Is DHS or any other form of assistance covering any portion of payment?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**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:**

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**Return this form to:**

Attn: Teresa Halliburton
Office of Financial Aid
252 Student Services Bldg.
East Lansing, MI  48824
E-mail: hallibu1@msu.edu
Phone: 517-353-5940  Fax: 517-432-1155

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**Office Use Only:**

<table>
<thead>
<tr>
<th>Reg Stat</th>
<th>EFC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll Stat</td>
<td>Marital Status</td>
</tr>
<tr>
<td>Credit Hours</td>
<td>Empl/Student</td>
</tr>
<tr>
<td>Program</td>
<td>Overaward</td>
</tr>
<tr>
<td>999/Online</td>
<td>Keying</td>
</tr>
</tbody>
</table>

**EU/PU1/flags/SU1/TU2/MU**

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*MSU is an affirmative-action, equal-opportunity institution.*