## MSU Child Care Grant Application - Provider Information

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

| 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: 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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