

### HCATEP Child Care Program Application

Semester & Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____	Contact Information Applicants' Name Physical Address Mailing Address City, State, Zip Code	Home Telephone Cell phone Telephone Message Telephone Tribal Affiliation
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<b>Child's Information</b> _____ Number of children _____ Children's ages _____	
<b>Enrollment Status</b> <input type="checkbox"/> 3-5 Units <input type="checkbox"/> 6-8 Units <input type="checkbox"/> 9-11 Units <input type="checkbox"/> 12+ Units		

Please explain why you Should be selected for the Child Care program. Include in your explanation, the definition of commitment and how it Relates to achieving your educational goal. Attach additional pages as needed.

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If you are not eligible for financial aid, please explain why. Attach supporting documentation as needed.

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Please read the statements below and initial each Item Indicating your agreement to the following Child care Program Policies:	Student initials
1. I must be an HCATEP participant in good standing to participate In the Child Care Program: not in debt of program fees for equipment, textbooks, and mileage or stipend repayments. Child Care Stipends are contingent upon available program funding.	_____
2. I will submit a completed Child Care Program Application, proof of high school graduation, GED completion or concurrent enrollment In a high school proficiency program, a current College of the Redwoods class schedule, education plan, Income verification, a completed Needs Analysis form, tribal grant verification and a college transcript by the stated deadline so my eligibility may be determined,	_____
3. My application will not be processed until application and all supporting documentation has been submitted.	_____
4. A stipend can only be paid for classes that I am enrolled in for the first time and meet my educational goal.	_____
5. I am willing to sign a Child Care Program Contract which summarizes my responsibilities, program deadlines, payments and attendance polices if I am selected as a participant in this program.	_____
6. If I am eligible to participate in the Child Care Program, I will submit bi-weekly HCATEP Attendance Forms to the Director of Student Services by a specified deadline.	_____
7. I can be paid by the unit count I am taking for the semester. Checks will be malled directly lo eligible students on a bi-weekly basis.	_____
8. I will be terminated from the Stipend Program If I miss ten hours of class in the same semester.	_____
9. I will notify the An HCATEP Advisor of any changes in my academic, financial, residency or employment status within five (5) working days.	_____
IO. I will meet with An HCATEP Academic Advisor regarding all Child Care matters and understand I will be dismissed from the Child Care Program Immediately If I contact the Tribal Office Personnel regarding my eligibility.	_____

I declare the Information contained In this application Is true and complete to the best of my knowledge. I authorize the Investigation of all statements herein recorded. I release liability from all persons and organizations reporting Information required by this application. I understand that I will be subject to dismissal If any statement on this application Is found to be untrue. I also understand my eligibility is conditional and I must comply with all HCATEP policies and procedures or I will be dismissed from the program.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

For HCATEP Staff Use Only:		
HCATEP Eligible	<input type="checkbox"/> Request Approved	Comments: _____
Application Complete	<input type="checkbox"/> Request Denied	_____
Program fee's		HCATEP Staff Signature      Date
Application Reviewed By: _____		HCATEP Project Director Signature      Date

