OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS
1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176
Federal School Code – 008087 · https://www.montgomery.edu/financial-aid

State Child Care Grant Application 2026-2027

Complete both pages

Name _____

Mailing Address _____

Telephone #: (Home) _____ (Work) _____

Social Security Number _____

E-Mail Address _____

Marital Status: ☐ Married ☐ Unmarried (single, divorced, widowed, separated)

Current Curriculum (or anticipated curriculum) _____

Number of hours enrolled for this semester or plans to enroll for: _____

When do you expect to graduate? _____

Are you a day or evening student? ☐ Day ☐ Evening ☐ Both

Check all that apply:

☐ I am not married. I am single, widowed, or divorced.

☐ I am married.

☐ I am separated from my spouse.

☐ I have worked primarily without wages to care for the home and family and therefore, I have diminished marketable skills.

☐ I have been on public assistance or on the income of a relative and no longer have that source of income.

☐ I am unemployed or underemployed and have difficulty obtaining employment or suitable employment.

☐ How long have you been unemployed? _____

You are required to apply for child care subsidies through the Department of Social Services (DSS) in the county in which you reside. Please attach one of the following from DSS:

1-Contract showing your monthly parent fee
2- Letter stating you are on a waiting list
3-Letter stating you are ineligible for assistance.

Number of children you need child care assistance for (circle one) 1 2 3 4

Name and ages of children: _____

_____

Name and address of daycare your children are enrolled in or you plan to use:

_____

_____

Daycare Contact Person: _____

Telephone # of the Daycare: **Email of Daycare**: _____

Weekly Daycare charges: $ Registration Fee: $ _____

It is mandatory you apply for the Free Application for Federal Student Aid (FAFSA) to be considered for the State Child Care Grant. Have you applied? ☐ Yes ☐ No

What types of assistance will you receive for this academic year? Check all that apply.

☐ Pell Grant ☐ WIOA ☐ Federal Work-Study
☐ Scholarship ☐ VA Educational Benefits ☐ VA Benefits
☐ DSS monthly child care parent fee: $_____ ☐ DSS other assistance
☐ Other

I certify that the above information is true. I understand that I may be required to provide documents which verify my financial need. I understand it is required I apply for the FAFSA to be considered for the State Child Care Grant. I received the State Child Care brochure and I understand the eligibility requirements, policies and procedures.

Signature of Applicant Date

You will be contacted via school e-mail as soon as your eligibility is determined by the financial aid office.

Montgomery Community College provides equal opportunities to all students, employees and applicants for admission and employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex (including pregnancy), national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.