



**UW OFFICE OF CHILD CARE AND FAMILY RESOURCES**  
**APPLICATION FOR CHILD CARE ASSISTANCE FOR STUDENTS**  
*PRIVATE FUNDS SUPPORT THESE GRANTS WHICH ARE BASED ON NEED AND FUND AVAILABILITY.*

|  |                                    |
|--|------------------------------------|
| PLEASE PRINT   |                                    |
| Name: _____<br><small>Last First M.I.</small>  |                                    |
| Current address: _____   | Permanent address: _____           |
| City/State/Zip: _____  | City/State/Zip: _____              |
| Phone: _____   | Email: _____                       |
| Date of Birth: _____   | Visa Status: _____                 |
| Are you a currently enrolled student? <input type="checkbox"/> Yes <input type="checkbox"/> No | ID Number: _____                   |
| School/College: _____  | Anticipated graduation date: _____ |
| Referred by: _____   |                                    |

What is your reason for a request? Are there extenuating circumstances we should consider when reviewing your application? If yes, what are they? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List other sources of child care assistance:  
 CCTAP \$ \_\_\_\_\_ County \$ \_\_\_\_\_ City \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

If you are a single parent, indicate what child support you receive: \$ \_\_\_\_\_ If there is no child support, please state why not. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the amount of this request, and your justification for requesting this particular amount?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What other financial resources have you already investigated?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand funds, if offered, are raised privately and are limited in availability. If and when possible, I will contribute (tax deductible) back to this fund to support other students' child care emergency needs.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
[required] [required]

Return to: Teri Stratton, Office of Child Care & Family Resources, 611 Eagle Heights, Madison, WI 53705.