

GRADUATE STUDENT ASSOCIATION

☒ University at Buffalo *The State University of New York*
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CHILD CARE SCHOLARSHIP APPLICATION

Please be advised that applicants who are granted fee waivers are no longer eligible for GSA programs or funds. The programs and funds include but are not limited to:

- | | |
|-----------------------------|------------------------------|
| Conference Funding | MDRF Research Fund |
| Editorial Assistance | Childcare Scholarship |

The Child Care Scholarship was designed to benefit currently enrolled graduate students who have at least one child and who demonstrate financial need. The GSA has a limited amount of money with which to fund this scholarship. The amounts awarded may not cover the full cost of childcare enrollment, but the GSA Senate and Staff believe that "every little bit helps". **Please note: you can only apply once during an academic year, and awards are granted based on financial need (see income table below). Also at the time of submission, the child must be living with you.**

Income Guidelines Eligibility

Household Size	Annual Income	Monthly Income	Weekly Income
2	20,813	1,735	401
3	26,178	2,182	504
4	31,543	2,629	607
5	36,908	3,076	710
6	42,273	3,523	813
7	47,638	3,970	917
8	53,003	4,417	1,020

For each additional family member add: + 5,365 +448 +104

This application must be typed and submitted in full with **ALL NECESSARY MATERIALS** by _____ or your application will not be considered. Insufficient information will result in disqualification. If you have any questions or need assistance with filling out this form feel free to contact the GSA Vice President prior to the application deadline as noted above.

Application Checklist: *(The following must be submitted with this application)*

1. This completed application form. (typed)
2. Proof of Income: A copy of your most recent tax return. If you do not file income taxes, then please include a letter of explanation and attach one of the following:
 - A copy of your most recent pay stub.
 - A copy of your bank statements (both savings and checking).
3. A signed letter or copy of your contract from your child care provider. This must include:
 - a. The cost of your child(ren)'s enrollment per unit of time (i.e. per day, per week, or per year)
 - b. The amount of time per week that your child(ren) will be in the provider's care.
4. Proof of your enrollment for the current semester at the State University of New York at Buffalo as a graduate student. (i.e. Student Account Bill indicating the mandatory student activity fee).

If any of the above cannot be provided you MUST attach an explanation.

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GSA OFFICE USE ONLY

Recommendation: _____Accepted _____Rejected \$_____Amount

_____GSA Vice President's Signature

Applicant Information:

First Name: _____ Last Name: _____

Person Number: _____ - _____ E-Mail: _____

Department: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone : (Day) _____ (Night) _____

Spouse's Information:

First Name: _____ Last Name: _____

Person Number: _____ - _____ E-Mail: _____

Department: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone : (Day) _____ (Night) _____

Child's Information:

First Name	Last Name	Date of Birth

Income: (per year)

	Applicant	Spouse
Wages, Salaries, Tips, etc.		
Stipend: TA/GA/RA		
Scholarships		
Grants (non-research)		
Fellowships		
TAP Award		
Student Loans		
Tuition Waiver		
Other Financial Aide		
Child Support		
Aid From Relatives		
Foreign Income		
Rental Income		
Cash Value of CD's, Stocks, and Bonds		
Other: _____		
Other: _____		
Other: _____		
Total Individual Income:		
Total Combined Income:		

Expenses: (per year)

	Household Expenses
Tuition	
Books and Fees	
Rent/Mortgage	
Gas/Electric	
Water	
Phone	
Cable	
Renter's Insurance	
Transportation (car insurance, gas, maintenance, bus fare)	
Medical Expenses (insurance and uncovered expenses)	
Food	
Child Care	
Interest on Loans	
Taxes Paid (Previous Year)	
Other: _____	
Other: _____	
Other: _____	
Total Household Expenses:	

Employment: (Applicant)

Are you eligible to work in the United States? _____ Yes _____ No
If no, please explain:

Are you currently employed? _____ Yes _____ No
If no, why not? _____

What is the status of your employment?

_____ permanent/ full time-- beginning date: ___/___/___

_____ permanent/ part time-- beginning date: ___/___/___

_____ short term/ full time-- employed from ___/___/___ to ___/___/___

_____ short term/ part time-- employed from ___/___/___ to ___/___/___

Employer Name: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Employment: (Spouse)

Are you eligible to work in the United States? _____ Yes _____ No
If no, please explain:

Are you currently employed? _____ Yes _____ No
If no, why not? _____

What is the status of your employment?

_____ permanent/ full time-- beginning date: ___/___/___

_____ permanent/ part time-- beginning date: ___/___/___

_____ short term/ full time-- employed from ___/___/___ to ___/___/___

_____ short term/ part time-- employed from ___/___/___ to ___/___/___

Employer Name: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Child Care Information:

Child's Name	Child Care Provider	Number of days per week	Cost per month	Contact person and phone #

Please explain your childcare need:

Are there other special circumstances that you want the committee to be aware of in reviewing your application:

I hereby certify that all of the information contained herein is correct to the best of my knowledge. I authorize the State University of New York at Buffalo to release information to the Graduate Student Association regarding all given information for the semester for which the child care scholarship is requested. Additionally, I authorize the Vice President of the Graduate Student Association to contact the employers and child care providers listed in this document to verify that the information contained in this application is correct. I understand that distortions of given information are grounds for denial or repayment if an award has been received.

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____