



**2018-2019
EOF CHILDCARE GRANT APPLICATION**

The University of Kansas
Financial Aid & Scholarships
affordability.ku.edu

KU Visitors Center
1502 Iowa Street
Lawrence, KS 66045

Phone: 785-864-4700
Fax: 785-864-5469
Email: financialaid@ku.edu

The EOF Childcare Grant is available to students who are the custodial parent of children in daycare ages five and under and not yet in kindergarten. Recipients must be enrolled in at least 6 hours on the Lawrence campus (online-only programs are not eligible). Awards are contingent upon available funding. Students must have a complete 2018-2019 Free Application for Federal Student Aid (FAFSA) on file to be considered for an EOF Childcare Grant. Access the FAFSA at fafsa.gov.

Students who are not eligible to complete the FAFSA must submit the Institutional Student Needs Analysis Worksheet to be considered for the EOF childcare grant application. The 2018-2019 ISNAW is available online at affordability.ku.edu/forms.

Equal priority will be given to all applications received by **October 5, 2018**. All applicants will be notified via email of the results by October 31, 2018. Childcare costs will be added to your cost of attendance based on the estimations provided by the student.

I. STUDENT INFORMATION (incomplete or inaccurate information may delay the processing of this request):

First Name	Last Name	MI	KUID Number
Address	City	State	ZIP
Phone	Email Address		

Are you interested in receiving additional loans (if eligible)? Yes No

Anticipate Hours of Enrollment: Fall 2018 _____ Spring 2019 _____

Marital Status: Married Single (unmarried, separated, divorced, widowed)

How often does your child (or children) live with you? 7 days/week 3-6 days/week Fewer than 3 days/week

STUDENT'S SIGNATURE

DATE

II. SPOUSE INFORMATION (only if applicable):

Spouse's Name _____

Spouse's Employment Status: Unemployed Employed, Hours per week? _____

Is your spouse enrolled in college? Yes No If yes, where? _____

SPOUSE'S SIGNATURE (required, if applicable)

DATE

III. CHILD INFORMATION:

Name(s)

Birth date(s)

Age(s)

IV. CHILDCARE PROVIDER INFORMATION (if you have more than two providers, please attach an additional copy of this page):

CHILDCARE PROVIDER #1

CHILDCARE PROVIDER #2 (if applicable):

Childcare Provider Name	Childcare Provider #2 Name
Childcare Provider City, State	Childcare Provider #2 City, State
Childcare Provider Phone Number	Childcare Provider #2 Phone Number

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Childcare Provider #1

Childcare Provider #2 (if applicable)

Child Name(s)	Hours in care per week	Cost per month	Child Name(s)	Hours in care per week	Cost per month

Our office will add the total costs of childcare to your semester/annual budget based on the estimations you provide.

V. Verification of Information

1. Provide written statement on official Childcare provider letterhead explaining nature of fee schedule and how many hours per week the child attends.
2. Proof of payment by student is also required, and can be submitted by providing a copy of Childcare provider billing schedule, receipt, or other method of payment. Please attach all documentation when submitting the completed Childcare Grant Application.