



Application for FCC Children's Center Grant

The FCC Children's Center Grants are funded by the Frederick Community College Foundation. These grants are awarded to eligible FCC students demonstrating financial need. Applicants can receive a grant up to \$500 per eligible child per semester. Grants can only be used at the Carl and Norma Miller Children's Center at Frederick Community College.

Criteria for Eligibility:

- Applicant must be enrolled as a student at Frederick County Community College.
- Applicant must not be on academic probation.
- Applicant's financial aid cannot be suspended.
- Applicant must have completed the FAFSA for 2016-2017.
- Applicant must have demonstrated financial need.
- Applicant must be eighteen years of age or older.
- Applicant must have children who are currently enrolled or have been approved for enrollment at the Carl and Norma Miller Children's Center at FCC.
- All children must be applicant's legal dependents.
- Employees of Frederick County Community College are not eligible.

Required documentation:

- Student Account Summary (proof of enrollment)
- Children's Center Statement (see below)

Return this form with copies of all required documentation to the:

- Frederick Community College Foundation
Annapolis Hall, Room A200A

Applicant Name: _____
Last Name First Name Middle Initial

Semester: _____ Date of Application: _____

Children's Center Statement	
<i>I certify that the applicant has children who are currently enrolled or have been approved for enrollment at the Carl and Norma Miller Children's Center at Frederick Community College.</i>	
Children's Center Staff Name (Please print): _____	
Children's Center Staff Signature: _____	
Phone: _____	Date: _____

Please print in ink.

Applicant's Name: _____
Last Name First Name Middle Initial

Student ID#: _____ Date of Birth: _____

Address: _____
Street Name Apartment Number

Address: _____
City State Zip Code

Phone: _____
Home Number Cell Number

Email Address: _____

Number of children you wish to enroll at the Children's Center: _____

- Name of Child: _____ Age: _____
First Name Last Name
- Name of Child: _____ Age: _____
First Name Last Name
- Name of Child: _____ Age: _____
First Name Last Name
- Name of Child: _____ Age: _____
First Name Last Name

Please use a separate sheet to list additional children

By signing below, I certify that the information in my application is true and correct:

- I understand I may be contacted to provide additional information and failure to respond may delay my application review.
- I understand my personal information, including but not limited to GPA, financial information and class schedule may be released to offices collaborating to award the Children's Center Grant.

Applicant's Signature

Date

FCC Foundation Representative

Date