A.S. Childcare Grant 2020 Summer Session A

Instructions for Undergraduate Student-Parents;

Please read the grant application carefully as some options have changed.

⇒ Fill out every section of the application and check-off the appropriate box in each section.

⇒ Attach all required documents. Double check that each section has been completely filled out prior to turning in your application to avoid a delay in processing and receiving your check.

⇒ Provide current mailing address, and check appropriate box if you would like your check mailed to you.

⇒ First time applicants ONLY: attach a copy of child(ren)’s birth certificates.

⇒ Due to the COVID-19 situation, applications for Summer 2020 can be submitted via email to NTSRC@sa.ucsb.edu. If you have concerns about sending a birth certificate over email, please let us know and we will make an alternative arrangement. Application processing will begin the morning after the application due-date.

⇒ Due to COVID-19, we are temporarily suspending the rule that the childcare provider cannot be a family member. We are also allowing grant money to be requested to cover educational expenses (such as books, art supplies, or internet access) incurred while children are being home schooled, due to COVID-related school, childcare, and summer camp closures. Please include on your application a brief summary of the COVID-related childcare expenses for which you are requesting grant money.

***No late Applications will be accepted***

*Your check will be ready for pick-up at the A.S. Ticketing Office (where you pick up bus passes) unless you request to have it mailed

*Is my check ready? Call the A.S. Ticketing Office at (805) 893-2064.

*Other questions? Email NTSRC@sa.ucsb.edu and we will be happy to help you.

The Non-Traditional Student Resource Center
Associated Students Undergrad Student Childcare Grant
2020 Application Summer Session A

According to Associated Students Senate, to qualify for this grant you must be a currently enrolled undergraduate student with a dependent. Only one parent may apply per quarter for the same child. If you meet these qualifications and wish to be considered for the A.S. Childcare Grant, complete this application and attach the documentation specified below to the Non-Traditional Student Resource Center, NTSRC@sa.ucsb.edu. Applications must be turned in by Wednesday, July 8 to receive funding. Check will be issued a minimum of 14 working days after deadline (not submission date).

Your Name: ___________________________ Phone Number: ___________________________

Mailing Address: ___________________________ city/zip ___________________________

Would you like your check mailed to you? □ Yes □ No, I’ll pick it up at the A.S. Ticketing Office

Please select one: □ One Child: $125 □ Two Children: $150 □ Three Children: $175 □ Four Children: $200

Email: ___________________________________________ Perm Number: ___________________________

Name of Children:

*Childcare Provider Name and Phone Number:

__________________________________________________________

* If you are requesting grant money for unprecedented COVID-related childcare expenses please explain what they are:

__________________________________________________________

Have you applied for an A.S. Student Childcare Grant before? □ Yes □ No, this is my first time and my proof of dependent is attached. (FIRST TIME APPLICANTS ONLY)

I hereby certify that these funds will be used to provide additional childcare for my child/children while I am writing a paper and/or studying for midterms or finals. I am completely responsible for arranging for the childcare provider. I also certify that the above information is correct.

Signature of Applicant: ___________________________

Date: ___________________________

ASSOCIATED STUDENTS USE ONLY
01-312-6700-00
VENDOR # __________ QUARTER _______ MIDTERM _______ FINAL _______
TOTAL GRANT AMOUNT APPROVED BY CHILDCARE COMMITTEE: $ ___________

CHILDCARE COMMITTEE CHAIR/VICE CHAIR ___________________ DATE ___________________

ADVISOR ___________________ DATE ___________________

NTSRC Use Only
□ undergraduate
□ provider listed
□ phone/address provided
□ # of children/BCs match
□ verified

Date stamp upon receipt of documents: