

**APPLY  
TODAY**



**PIEDMONT**  
COMMUNITY COLLEGE

2026-2027

**Piedmont Community College**

# STATE CHILDCARE GRANT

NAME: \_\_\_\_\_  
*Last First Middle/Maiden*

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAJOR: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**HAVE YOU COMPLETED A 2026-2027 FEDERAL STUDENT AID APPLICATION?**

☐ YES

☐ NO

(REQUIRED FOR CHILD CARE ASSISTANCE)

**Give Name, Address and Telephone Contact of Childcare Provider:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYCARE LICENCE/REGISTRATION #: \_\_\_\_\_

**DO YOU CURRENTLY RECEIVE CHILDCARE ASSISTANCE FROM THE DEPARTMENT OF SOCIAL SERVICES?** ☐ Yes ☐ No

**IF YES, HOW MUCH PER MONTH?** \_\_\_\_\_

**AMOUNT TO BE PAID BY THE STUDENT** \_\_\_\_\_

**Credit hours you are enrolled in or anticipate enrolling in:**

Fall 2026 \_\_\_\_\_

Spring 2027 \_\_\_\_\_

PLEASE SEE REVERSE SIDE

I certify that the information provided on this application is true to the best of my knowledge and hereby apply for consideration to participate in this assistance program. I agree to provide proof of income to determine my eligibility to participate in this program. I also give my permission to have my records checked with other sponsoring agencies. I authorize the Financial Aid Office at PCC to release any information concerning my financial status to the Childcare Grant Coordinator in order to assist me with my financial needs. I understand that it is my responsibility to notify the financial aid office immediately if credit hours are dropped. **I understand that should I withdraw or stop attending classes, all assistance will terminate.**

\_\_\_\_\_  
Student's Signature Fall Semester

\_\_\_\_\_  
Grant Coordinator

\_\_\_\_\_  
Student's Signature Spring Semester

To be considered for Childcare funds you must:

- Enroll in at least 6 credit hours per semester
- Complete a FAFSA to establish need
- Maintain SAP (Satisfactory Academic Progress)

---

### ***Staff Use Only***

**Childcare Approval:**

☐

**Accepted**

☐

**Rejected**

**Semester:**

☐

**Fall 2026**

☐

**Spring 2027**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_