

Associated Students Childcare Grant Application

Notice to Applicant: To qualify for this grant you must meet qualifications established by the Associated Students Legislative Council. If you believe that you qualify and wish to be considered for the A.S. Childcare Grant, complete this application and attach documentation (course schedule from gold, letter of need, proof of dependent), and return the application to the Women's Center, **1220 Student Resource Bldg.** **You may only apply for one grant per quarter.** Applications may be turned in by the Friday of the 4th and 8th week of the quarter. A check will be issued approximately 5 working days after approval and will be available from 10am–4pm at the A.S. Cashiers Office.

| | | | |
|-------------------------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Your Name: _____ | | Email: _____ | |
| Mailing Address: _____ | | City: _____ | State: _____ Zip: _____ |
| Perm Number: _____ | | Phone Number: _____ | |
| Name(s) of Children: _____ | | | |
| Please, check the appropriate box: | | | Total Amount Requested: _____ |
| <input type="checkbox"/> One Child: \$125 | <input type="checkbox"/> Two Children: \$150 | <input type="checkbox"/> Three Children: \$175 | <input type="checkbox"/> Four Children: \$200 |

Please **remember to attach**

1. proof of dependent (ONLY REQUIRED FOR FIRST TIME APPLICANTS),
2. course schedule from gold (required every quarter), and
3. letter of need (required every quarter).

Direct any questions regarding this grant to Dr. Jess O'Keefe at 893-3778.

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 _____

TOTAL GRANT AMOUNT APPROVED BY CHILDCARE COMMITTEE: \$ _____

CHILDCARE COMMITTEE CHAIR/VICE CHAIR _____ DATE _____

ADVISOR _____ DATE _____

A.S. EXECUTIVE DIRECTOR _____ DATE _____

If you would like to receive an annual Santa Barbara Zoo pass, please fill out the Zoo Membership form and return it with your Childcare Grant. Upon approval we will provide you with your Childcare Grant check and a check payable to the SB Zoo. Please take the check and the Zoo Membership application to the zoo and they will issue you a yearly membership pass, which allows you free access to the zoo for one year.