The goals of the program are to assist student parents with affordable, quality childcare, and to promote graduation from NAU. The voucher program provides parents with an award amount per month per child, depending on demonstrated financial need. Vouchers may be used along with other forms of childcare assistance such as DES and tribal assistance. Applications are accepted throughout the academic year but are dependent upon funds available.

Award letters are emailed and mailed to applicants notifying them of the amount and effective dates of the award. Parents are responsible for all deposits, registration fees and purchase of consumable items, such as diapers and formula. Award amounts may be reassessed if a family is not using the voucher on a regular basis. Participation in the voucher program may impact financial aid appeals for additional funds. Once a student is awarded the subsidy, it continues throughout the academic year, unless the student’s status changes. All participants must reapply each academic year and complete a letter of intent to participate during summer sessions.

Students are encouraged to explore other helpful resources throughout the Flagstaff community and NAU. Some of these resources include on-campus housing, WIC, DES programs, and tribal care programs.
NAU Childcare Voucher Program

Family Information—Please print clearly

Today’s Date: ___________________

Applicant Name: First ______________________  MI  _____ Last ___________________________________

NAU ID#: ______________________________

Address: _________________________  City:   _____________________  State: ________  Zip: ____________

Phone:  Cell _______________________  Home  _______________________

NAU E-mail Address: _____________________

If married or partnered, do both parents attend NAU? ______________

Spouse/Partner Name: First ______________________  MI  _____ Last ___________________________________

Spouse/Partner NAU ID#: ______________________________

Complete the following for the children you wish to receive child care subsidy funding for:

<table>
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<tr>
<th>Child's Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Childcare Provider</th>
<th>Cost/Week</th>
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If currently employed, who is your employer? ___________________________  How many hours/week do you work? ______

If currently employed, who is your spouse’s employer? _____________________  How many hours/week do they work? ______

Based on your FAFSA application, please select the household status that describes you and your living arrangement (check one):

☐ Dependent—living with parents/guardian
☐ Single head of household
☐ Married couple, one parent attends NAU, other parent is not a student
☐ Married couple, one parent attends NAU, other parent attends another college/university
☐ Married couple, both parents attend NAU

FOR OFFICE USE ONLY

Date received: __________

☐ Approved
☐ Denied:

Date reviewed: __________
NAU Childcare Voucher Program

NAU Information—Please print clearly

Which semester/s are you applying for the child care subsidy? ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___

Class standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
Major: ___________________ Graduation date: ________________

Spouse/Partner’s class standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
Partner’s graduation date: __________________

Have you participated in the NAU Childcare Voucher or CCAMPIS Grant program before? If so, when? _______________________

How did you hear about this program? _________________________________________________________________________

Budget Exercise
This budget exercise demonstrates your level of financial need for the sliding scale. Please be as accurate as possible

1. First, begin with calculating your monthly financial aid amount for each student in household:

   Yearly Financial Aid Calculator: Applicant

   Yearly Financial Aid Award $_____________ $_____________

   Subtract yearly tuition payment - ($_____________) - ($_____________)

   Subtract yearly approximate cost of books - ($_____________) - ($_____________)

   Balance $_____________ $_____________

   Now, divide by 12 months = $_____________ = $_____________

   (use this monthly financial aid amount for income information below)

2. Add your monthly financial aid amount into income information below. Complete the monthly income and monthly expenses tables. Do not underestimate your expenses!

   Monthly Income:

   (A) Self…………………………………………………………

   Income from Work $_____________

   Income from Financial Aid $_____________

   (Use amount from Financial Aid calculator above)

   Miscellaneous Income $_____________

   Source & Amount: ____________________________

   (AFDC, Food Stamps, Government, Child Support, etc.)

   Total Self $_____________

   (B) Spouse/Partner………………………………………………

   Income from Work $_____________

   Income from Financial Aid $_____________

   (Use amount from Financial Aid Calculator above)

   Miscellaneous Income $_____________

   Source & Amount: ____________________________

   (AFDC, Food Stamps, Government, etc.)

   Total Spouse/Partner $_____________

   Total Combined Monthly Income (A + B) $_____________

3. Finally, determine your total monthly balance.

   Total Monthly Balance:

   Combined Total Monthly Income (Self + Spouse/Partner) $_____________

   -Less Total Monthly Expenses - ($_____________)

   Total Monthly Balance = $_____________
Once eligible, I understand and agree to the following: (please initial next to each statement)

☐ Attend mandatory parent meetings and complete supplementary activities/ assignments
☐ Participate in surveys, assessments, evaluations, and interviews as required by funding agencies
☐ Maintain at least 12 credits/semester for undergraduate or 9 credits/semester for graduate students
☐ Communicate in writing any changes in the information provided here within 10 days of the change

Student Release of information:
As a condition of my participation in the NAU Childcare Voucher/CCAMPIS Grant Program, I hereby grant permission for representatives of the NAU Childcare Committee and/or the Office of Student Life to access my student records to verify enrollment as a student, review financial aid records, and determine academic standing, in order to determine eligibility for subsidy funding. In addition, I release NAU Childcare Voucher/CCAMPIS Grant Program representatives to verify my child’s enrollment with the child care provider stated on the application and to share information on weekly child care expenses incurred by program recipients.

Signature: ____________________________ Date: ____________________________

Application packet checklist:
☐ Completed notarized application including monthly budget and contact information (Have application notarized at University Union- Do not sign until you are with the Notary Public!)
☐ Most recent NAU Financial Aid Shopping Sheet for applicant and spouse / partner
☐ Applicant and spouse / partner’s NAU class schedule (printed from LOUIE)
☐ Proof of income (most recent employment check stub, including spouse/partner income if applicable)
☐ A brief, narrative statement that describes your need to receive child care expense assistance. Married or partnered students must provide affidavits of their spouses / partners income and contribution to family budget.
☐ Documentation of AFDC, DES award, Government, and / or Tribal Support (if applicable)
☐ Child Support Allocation Letter (if applicable)
☐ Make a copy of the completed application for your own records
☐ Bring completed application to the Office of Student Life, room 105, the University Union or mail to Student Life/Childcare Program, Box 6015, Flagstaff, AZ 86011-6015.

Notary Box

By my signature and notarization of the this form, I verify that all of the information on this application is complete and truthful.

SIGNATURE: ____________________________ (Sign in front of Notary Public)

State of Arizona )

) SS
County of Coconino )

On this ______ day of ____________________, 20____, before me personally appeared __________________________ whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

Notary Public ____________________________

My commission expires: ____________________________