

**Ventura College Child Development Center
Child Care Fee Scholarship Application**

Parent's Name _____ VC Student ID# _____

Gender _____ Ethnicity _____

Marital status (please check one)

Single If checked, are you a single head of household? Yes No

Married If checked, are both parents attending college? Yes No

Divorced Widowed Legally separated

Financial Information

Are you a dependent student? (living at home with a parent or guardian) Yes No

Are you receiving Pell grant funds (federal financial aid)? Yes No

 If no, are you eligible for Pell grant funds? Yes No

How many people are in your immediate family? _____

What is your monthly income? _____ (If married or dependent, list total family income)

Enrollment status (please check one)

 Freshman (0 – 30 college units completed)

 Sophomore (31 – 60 college units completed)

 AA/AS or higher or more than 60 college units completed

Major _____

Educational goal (please check one)

 2-year degree

 Transfer to 4-year program

 Certificate

 Complete units required for employment

Child/Children's tuition to be supported with CCAMPIS grant funds

 Child's name _____ Age _____

 Child's name _____ Age _____

 Child's name _____ Age _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Please return this page to Robin along with a copy of your school schedule and current Student Aid Report (SAR).