Eligibility:
The UW-Superior Child Care Subsidy Program is a subsidy granted to UW-Superior students with children in the child care centers listed below. The information in this application is requested so your eligibility can be determined, which is based on: 1) student status and credit load, 2) number and ages of children in care, and 3) other financial support (county assistance…).

A student-family can receive a child care subsidy award if 1) you have children enrolled in New Horizon’s Child’s Center of Superior, YMCA Discovery Program, Noah’s Ark, Superior Children’s Center, or Newborn 2 School Education Inc. and 2) enrolled at UW-Superior for each semester in which you seek support. One award is granted each semester to a student-family.

Application Process:
- Answer ALL application questions and attach a copy of the birth certificate for each child you are seeking child care support.
- Return completed application and attachments to the Yellowjacket Union Information & Service Desk by the deadline below.
- Note: The application only needs to be completed once during the 2015-2016 academic year.

Application Deadlines:
Spring Semester 2016: Application accepted August 15, 2015 to February 15, 2016
Summer Semester 2016: Application accepted March 15, 2016 to June 15, 2016

Note: You may apply for a child care subsidy at any time, but early applications are advised. We cannot always guarantee that there will be financial support available to fund late applications.

Application Notification:
Once an eligibility decision has been made, you will be notified via your UW-Superior e-mail account and asked to complete an acceptance form.

Acceptance of Award:
Each semester student-families will be contacted to be sure the subsidy is still needed.

Note: We cannot process your billing invoice until the care has been provided.
* Funds are only provided to student-families who’s child(ren) are attending New Horizon’s Child’s Center of Superior, YMCA Discovery Program, Noah’s Ark, or Superior Children’s Center and Newborn 2 School Education, Inc.
# UW-Superior Child Care Subsidy Program
## 2012-2013 Application
for Fall 2012, Spring 2013, and Summer 2013

### Please Print Clearly or Type

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th>Date of Application:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student ID Number:</strong> (Please check ONE) New applicant [ ] Previous applicant [ ]</td>
<td></td>
</tr>
<tr>
<td><strong>NAME:</strong> Last</td>
<td>First</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>City:</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong> [MM/DD/YYYY e.g., 01/01/2003]</td>
<td><strong>UW-Superior E-mail Address:</strong></td>
</tr>
</tbody>
</table>

Are you planning to graduate this current academic year?  [YES ] [NO ]

If **yes**, indicate semester of graduation: (check one) Fall 2015 [ ] Spring 2016 [ ] Summer 2016 [ ]

**Check which child care center your children are enrolled in:**
- New Horizons Child’s Center of Superior [ ]
- YMCA Discovery Program [ ]
- Noah’s Ark [ ]
- Superior Children’s Center [ ]
- Newborn 2 School Education, Inc [ ]

Please indicate the number of days per week child(ren) are in the center:

**Check all the terms you will be enrolled at UW-Superior and are applying for subsidy funds:**
- Fall 2015 [ ]
- Spring 2016 [ ]
- Summer 2016 [ ]

### Family Information

Current Family Information (Check all that apply):
- [ ] a. Single
- [ ] b. Married
- [ ] c. Married, living with extended family

- Spouse is a student: [YES ] [NO ]
  If yes, Student ID# ___________________________

- Enrolled: [ ] PT [ ] FT at ___________________________
  (name of institution)

- Spouse works outside home _______ number hours per week.

- Employer: ___________________________
  Phone: ___________________________

- Spouse is not a student and does not work outside the home. [ ]

- [ ] d. If you are legally separated, please provide the date of your legal separation ____________

- [ ] e. Other: ________________________________________________________________

<table>
<thead>
<tr>
<th>Name of spouse</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

Name and DOB for child(ren) in licensed child care:
1) ___________________________ DOB ____________
2) ___________________________ DOB ____________

If you have more than 2 children in child care, please attach the above information on a separate sheet.
• I verify the information provided on this application is true, accurate, and complete.
• I understand that Child Care Subsidy Program funds are only to be used for costs associated with my child(ren)s child care costs
• I give my permission for the Associate Dean of Students office to communicate with my child care provider(s) regarding this application
• I will submit a copy of my child(ren)s birth certificate
• I understand it is my responsibility to pay the child care center the balance of the child care bill. If in the event the balance is not paid, I understand that I will not be eligible for a child care subsidy until the balance is paid.

Signature of UW-Superior Student:

Reminders:
  o Attach a copy of a birth certificate of each child in our on campus child care center(s) if you previously haven’t provided these to the office.
  o Keep a copy for your file.

Return to: University of Wisconsin – Superior
           Tammy Fanning
           Attn: Child Care Subsidy Program
           PO Box 2000
           Superior, WI 54880

Thank you!