Child Care Subsidy (CCS) Application Form

Eligibility

- You must be a full-time Ph.D. student at Duke University.
- In two-parent families, both parents must be in school, working, or seeking work outside the home.
- The award ends automatically upon graduation, when university affiliation ends or when the student drops below full-time enrollment. (You will need to reapply for funding each fiscal year.)
- The Child Care Subsidy will be awarded a maximum of three years. (Special exceptions may be considered on a case-by-case basis.)

Child Care Requirements

The subsidized child care is expected to meet a specific standard of care. This will subsidize your child's enrollment at a three-, four-, or five-star facility, as determined by the North Carolina Department of Health and Human Services. These facilities can either be child care centers or family child care homes, but must be rated at the three-, four-, or five-star level or be NAEYC) accredited.

- To determine the star rating of local centers, please visit the website of the North Carolina Division of Child Development.
- Information about NAEYC accreditation can be found here.

Allocation

The subsidy will be allocated by the Graduate School according to financial need. Your income will be determined by your gross family income, including any child support payments. Please **attach a copy of your most recent federal income tax form and** any **financial aid award letters from Duke University for the current year** to the application form. Please report family base salaries only, or earnings if self-employed. The amount should exclude any variable compensation such as overtime, bonus, or profit sharing payments. Please be sure to note monies you pay directly for tuition and fees, especially if that money is included in your stipend or fellowship paycheck, in the application. These monies will then not be included by the committee in determining net income.

Disclaimer: If you have applied for financial aid loans and receive the child care subsidy, your financial aid will be reduced based on the amount awarded from the child care subsidy.

Please Note: A significant change in family income during the year will affect the subsidy amount. This would occur, for example, when a spouse who formerly did not work starts a new job or a working parent receives a significant salary increase. Parents are <u>required to immediately notify Sondra Ponzi</u>, should family income change so that the amount of subsidy can be re-evaluated and adjusted as required.

Confidentiality

All financial information reported will be kept confidential. Please contact Sondra Ponzi, Senior Program Coordinator, sondra.ponzi@duke.edu (tel: 681-1551) at the Graduate Student Affairs Office for additional information.

Duke Graduate School Child Care Subsidy Application

Date of Applicat	.1011.		
Student Name:			
Duke Unique ID:	Date of Birth:		
Please do not submit your application without ALL of your departmental information			
Citizenship: U.S. Citizen	☐ Permanent Resident	☐ Foreign National	
Gender:			
New Applicant? ☐ Yes ☐ No If reapplying, date first received:			
Department/Program:			
Department Box:	Department Phone:		
Duke E-mail:			
Start Date at Duke:	Expected Graduation Da	nte:	
Home Address: (please include street number, city, state and Zip code)			
Home/Cell Phone:			
Campus Address: (include room number,	, building, campus box #, city, sta	ate and zip code)	
•			
Noncomp Org. key (if known):			
Spouse/Partner (if applicable)			
Name:			
E-mail:			
Occupation:			
If working, hours per week:			
Institution (if student) / Employer (if working):			
Degree Sought:			
Start Date of study:	Expected Graduation	on Date:	
Work Phone:	Cell Phone:		
Work Address: (include street number, ci	ty, state and Zip code)		
Home address (if different from above)			
Home address (ii different from above)			

Child/children Description

Number of Children: _____ Child # 1 Name: Date of Birth: Start Date End Date Full time/ Cost per Child Care Provider/Facility: (mm/dd/yy)(mm/dd/yy)part time month ☐ 3 Stars ☐ 4 Stars \Box 5 Stars \square NAEYC Rating: Is child currently enrolled in program? \square Yes \square No If not enrolled, anticipated start date: Child # 2 Name: Date of Birth: Start Date End Date Full time/ Cost per Child Care Provider/Facility: (mm/dd/yy)(mm/dd/yy)month part time ☐ 3 Stars 4 Stars \Box 5 Stars \square NAEYC Rating: Is child currently enrolled in program? \square Yes \square No If not enrolled, anticipated start date: Child # 3 Name: Date of Birth: Start Date End Date Full time/ Cost per Child Care Provider/Facility: (mm/dd/yy)(mm/dd/yy)part time month ☐ 3 Stars 4 Stars □ 5 Stars \square NAEYC Rating: Is child currently enrolled in program? \square Yes \square No

If not enrolled, anticipated start date:

Income Information

Gross family income, including child support (i.e. (If incoming student , use estimated amounts for use	
Tuition and fees directly paid by student:	
Name of Student:	Tuition and Fees:
Institution:	
Name of Student:	Tuition and Fees:
Institution:	
Subtract total tuition and fees from gross family in	come to obtain net family income.
Net family income:	
Confidentiality: All financial information reported Please submit your application to Sondra Ponzi, D. Drive, Box 90070, Durham, NC 27708) or sondrathat you mail or drop-off sensitive information.	uke University Graduate School, 2127 Campus ponzi@duke.edu: *It is strongly recommended
will not pay taxes, you must submit copscholarship, or support which they provon tax form(s) if you plan to email you. Financial Aid Letter for academic year A letter from a department official, such and fellowship support will serve this performance. As many centers charge a sliding scale list the center's prices per months for described to the support will serve this performance.	ar you are applying for. h as Director of Graduate Study, detailing stipend ourpose. based on the age of the child, this schedule should ifferent age ranges Include any pertinent special circumstances.
Please ensure that all financial information incl	udes the spouse/partner, if applicable.
I verify that all information provided on this form recognize that providing inaccurate information will School's judicial policies and will handled according Affairs A.S.A.P. if anything changes with my final	ill be considered a violation of The Graduate ngly. I also agree to notify Graduate Student
Student Signature	Date
Spouse/Partner Signature	Date