

Childcare Grant Application

Deadline: August 8, 2016

Continuing/returning PhD students complete pages 1, 2, and 3.
Entering (new) students PhD complete pages 1 and 2 only.

Name: _____

UC ID: **02-** _____

Address: _____

Email: _____ Phone: _____

Graduate program: _____ Anticipated graduation date: _____

Do you have at least one dependent child living with you? yes no

Please list the names and birthdates of your dependent children.

| name | birthdate |
|------|-----------|
| | |
| | |
| | |

Name of childcare provider: _____

Do you have a spouse or registered domestic partner living with you? yes no

Status: single or divorced married in a registered domestic partnership

Answer the following questions only if you are married or have a registered domestic partner.

Spouse/partner's name: _____

Is your spouse/partner employed? yes no

If yes, indicate the typical number of hours worked per week: _____

Name, city, and state of employer: _____

Is your spouse/partner a student? yes no If yes, full-time or part-time? FT PT

If yes, at what institution? _____

Spouse/partner's UC ID# (if a UC student): _____

What is your total expected gross income for the 12-month period from Sept 1, 2016 through Aug 31, 2017? *Include your income and your spouse or partner's.* Include fellowship stipends, wages, net investment, and rental income, as well as any child support. Do not include the childcare grant funding for which you are applying.

\$ _____

Please use the area on the bottom of this application to explain any significant differences between the above figure and your 2015 adjusted gross income as reported on your 2016-17 FAFSA or, for international students, on the Confidential Financial Statement (CFS).

Estimate your total household assets and savings. Include your assets as well as your spouse or partner's. You may exclude home equity in your primary residence and assets in retirement accounts.

\$ _____

I hereby certify that the above information is accurate and complete. I have filed a 2016-17 FAFSA or CFS and asked that the resulting data be reported to UCSF.

Student signature: _____ Date: _____

To apply, please scan the completed, signed application and submit to nannette.nemanzo@ucsf.edu.

Provide any comments or additional information in the space below.

Program/Advisor Certification

Students: Obtain the following signatures and submit this page with your Childcare Grant application only if you are a continuing or returning PhD student.

Applicant name: _____

UC ID: **02-**_____

.....

I certify that the above-named student is making satisfactory progress in his or her academic program.

Name of program director: _____

Signature of program director: _____

Name of graduate advisor: _____

Signature of graduate advisor: _____