

Child Care Tuition Assistance Program (CCTAP)
2008-2009 Application
for Summer 2008, Fall 2008 and Spring 2009
UW-Madison

- ◆ Answer ALL questions and attach ALL requested documents.
- ◆ Attach necessary documents:
 - A SIGNED copy of your & your spouse's/partner's 2007 U.S. Federal Income Taxes or documentation that you did NOT file U.S. Federal Income Taxes
 - A listing of additional financial assistance from your family or government
 - A copy of the birth certificate for each child in child care
- ◆ International Students MUST attach:
 - A current copy of your & your spouse's/partner's I-20 or DS-2019 (formerly IAP-66)
 - A listing of additional financial assistance from your family or government
 - A SIGNED copy of your & your spouse's/partner's 2007 U.S. Federal Income Taxes or earnings from your country
 - A copy of the birth certificate and/or visa for each child in child care

Incomplete Applications will NOT be processed:

An incomplete application is an application WITHOUT a signature, incomplete information, AND copies of the documents listed above.

Eligibility:

- ◆ CCTAP Funds are limited. Funding is provided to eligible student parents on a first come first served basis as long as funds are available.
 - ◆ Eligibility is determined on: 1.Total family resources for 2007; (taxable and non-taxable) 2. Assets; 3. Academic credits; 4. All other income resources and benefits; (i.e., family support, tuition remission, scholarships, government assistance, and grants) 5. Child (ren) must be enrolled in WI licensed child care.

*** For situations in which both parents are students at UW-Madison, only one parent may apply for CCTAP funds on behalf of the child.

CCTAP DEADLINES TO REMEMBER:

Please note:

To APPLY for CCTAP funds for: (Applicant must be enrolled for semester(s) applying for.)

Summer Semester 2008: Applications accepted: March 1, 2008 to June 1, 2008

Fall Semester 2008: Applications accepted March 1, 2008 to August 15, 2008 (new applicants October 15, 2008)

Spring Semester 2009: Applications accepted August 15, 2008 to January 15, 2009 (new applicants February 15, 2009)

*** **If the due date falls on a weekend, the application is due (or postmarked) by 3:30 P.M. the Friday preceding the due date. (Please apply adequate postage.)**

To ACCEPT awards: Awards MUST be accepted in person by the student in the CCTAP office. Students will be notified via their *wisc* email of days (dates) and times including final date to complete the acceptance form and accept an invoice/stipend.

Child Care Tuition Assistance Program (CCTAP) Application Academic Year 2008-2009

PLEASE PRINT

PLEASE PRINT

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Applicant Information

Student ID Number:

Date of Birth:
MM/DD/YYYY e.g., 01/01/2003

Country of Citizenship:

Visa Type:

WISC E-mail Address:

Telephone Number: ()

Date of Application:

(Please circle ONE) New applicant Previous applicant
If previous applicant, number of semesters you received CCTAP funding:
Have you previously applied but were ineligible?

NAME:

Last

First

MI

Address:

City:

, WI

Zip:

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

If **yes**, indicate semester (circle one) FALL 2008 SPRING 2009 **Please list your permanent mailing address.**

Address:

City:

State:

Zip:

If **no**, expected degree completion date/graduation date(Month/Year):

Circle ALL the terms you will be enrolled and are applying for CCTAP funds: Summer 2008 Fall 2008 Spring 2009

Family Information

Current Family Information (**CIRCLE ALL THAT APPLY**):

- a. Single, living **only** with child(ren) (**no** child support, city or county support, parents, extended family, partner or roommate related to self or child).
- b. Single, **receiving funds or support through** child support, city or county funds, living with parents, a partner, roommate related to self or child, extended family support.
- c. Married, living **only** with children and spouse (no support-see listing above).
- d. Married, **receiving funds or support** (see listing above).
- e. If legally separated, (date) _____ (also circle a. or b.)
- f. If divorced, (date) _____ (also circle a. or b.)

Name of spouse/partner:

Last

First

MI

Is your spouse/partner a UW-Madison student?: YES NO

If yes, spouse's/partner's student ID number:

Is your spouse/partner employed? YES NO

Spouse's/partner's place of employment:

Spouse's/partner's HR phone number:

of hours spouse/partner works per week:

Tuition Payment Information

Applicant: Do you pay tuition as a: Wisconsin or Minnesota Resident? WI MN Out of State? Y N State_____

Applicant: How is your tuition paid?(circle/complete all that apply)

By you OR By your UW-Madison Department, _____
 Department Name Enter \$ amount; per semester
 (summer, fall & spring)

List source(s) and amount for each: Source: \$
 Source: \$
 Source: \$

Applicant: Do you receive grants/scholarships/fellowships? YES NO

If yes, list source and amount for each: Source: \$
 Source: \$
 Source: \$

Spouse/Partner: Does your spouse/partner pay tuition as a: Wisconsin or Minnesota Resident? WI MN
 Out of State? Y N State_____

Spouse/Partner

How is your spouse's/partner's tuition paid? (circle/complete all that apply)

By spouse/partner OR By spouse's/partner's UW-Madison Department, _____
 Department Name Enter \$ amount; per semester
 (summer, fall & spring)

List source(s) and amount for each: Source: \$
 Source: \$
 Source: \$

Spouse/Partner

Does your spouse/partner receive grants/scholarships/fellowships? YES NO

If yes, list source and amount for each:
 Source: \$
 Source: \$
 Source: \$

Federal Income Tax Information

Did you and your spouse/partner file 2007 United States Federal Income Taxes? YES NO

If you and your spouse/partner filed a 2007 Federal Income Tax form, list your and your spouse's/partner's total (line 22) combined income: \$

If NO, attach documentation that you and your spouse/partner **DID NOT** file 2007 federal income taxes. Also, attach documentation of any 2007 earnings.

***** ATTACH a COPY of your and your spouse's/partner's 2007 Federal Income Taxes. (Must be complete)**

International Students

International students list your government/country and/or personal funds as noted on I-20 or DS-2019(formerly IAP-66):
List source(s) of income and each amount:

Source:	\$	per month/year (circle one)
Source:	\$	per month/year (circle one)
Source:	\$	per month/year (circle one)
Source:	\$	per month/year (circle one)

How much financial assistance do you receive from your country for housing or living expenses?
\$ _____ per month/year (circle one)

INTERNATIONAL students who file U.S. Federal Income Taxes, must attach a SIGNED copy of your and your spouse's/partner's U.S. Federal Income Taxes and a current copy of your and your spouse's/partner's I-20 or DS-2019 (formerly IAP-66).

If you and your spouse/partner did not file a U.S. Federal Income Tax form, ATTACH a current COPY of your and your spouse's/partner's I-20 or DS-2019 (formerly IAP-66) and a copy of any 2007 earnings.

All applicants must complete: Untaxed Income or Benefits

Child Support: \$ _____ per month/year (circle one)	Public Assistance: \$ _____ per week/month (circle one) e.g., food stamps, Badger Care
City or County Child Care Assistance (attach document): \$ _____ per week/month (circle one)	Employee child care benefit: \$ _____ per month/year (circle one)

List any personal/family financial support/income e.g., DVR, SSI, SSDI, Vet Benefits, HUD etc. you are receiving:

Source:	\$	per month/year (circle one)
Source:	\$	per month/year (circle one)

All applicants must complete: Assets

List ALL assets that you or your spouse/partner own; include stocks, bonds, money market certificates, trust funds, etc. DO NOT list your home, home equity, 401K/retirement funds, financial aid, or personal items such as automobiles and household items.

Savings Account \$ _____	Checking Account \$ _____
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For other assets, list sources and amount of each source.

Source:	\$
Source:	\$
Source:	\$

All applicants: Special Circumstances

Indicate any special circumstances that the CCTAP office should take into consideration when reviewing your application.
(attach an additional sheet if needed)

I verify the information provided on this application is true, accurate and complete.
I am not delinquent in the payment of court-ordered child support and/or maintenance.
If granted assistance, I will use the CCTAP funds only for child care costs as approved by the UW-Madison Office of Student Financial Services, the UW Office of Child Care and Family Resources and the Child Care Tuition Assistance Program.
I understand that the UW-Madison Office of Student Financial Services may, as it deems appropriate, release to others who may be considering me for financial assistance, or making decisions relating to my education plans, information (including student ID number) to the UW Office of Child Care and Family Resources/Child Care Tuition Assistance Program (CCTAP) for the processing of this application.

Signature of applicant:

Date:

Signature of spouse/partner:

Date:

NOTE:

- The CCTAP Office **DOES NOT** make copies.
- Be sure to attach requested copies (**NO ORIGINALS** are accepted) of requested documents; maintain originals for your personal files.

**Return completed & signed application with attachments to:
(apply adequate postage)**

**Child Care Tuition Assistance Program Office (CCTAP)
611 Eagle Heights, Room 148
Madison, WI 53705**