Southeast Community College- Lincoln

Required Forms	Complet	ted Applic	cation			
(attach to application) Class Schedule (e			each quar	ter you are reque	esting care)	
(attach to application)	Financia	al Aid Awa	ard Letter (available on We	b Advisor)	
, , ,			DATE			
APPLICATION INFORM	1ATION					
Name						
Address						
City						
State/Zip						
Phone Number(s)						
E-mail Address						
COLLEGE INFORMATION	NC					
Student ID Number						
Program/Area of Cond	centration a	at SCC				
Credit Hours Complete	ed at SCC ir	n Degree Pi	rogram			
Credit Hours Enrolled	or Plan to I	Enroll				
Date Started SCC				Expected Graduat	tion Date	
Do you have a military	, connectio	n? (circle)	Self-past	Self-present	Family	
Are you a participant i	in Trio?	(circle)	Yes	No		
If yes, (circle one)		College		High School		
Dates of participation	in TRIO:					
EMPLOYMENT						
Place of Employment						
Place of Employment Hours of Work Per We	eek					
		Care Subsi	dy?	(circle one)	Yes	No
Hours of Work Per We		Care Subsi	dy?	(circle one)	Yes	No
Hours of Work Per We Are you currently rece		Care Subsi	dy?	(circle one)	Yes	No
Hours of Work Per We Are you currently rece	eiving Child	Care Subsi	dy?	(circle one)	Yes	No
Hours of Work Per We Are you currently rece If yes, please explain	eiving Child	Care Subsi Married	dy?	(circle one)	Yes	No
Hours of Work Per We Are you currently rece If yes, please explain FAMILY INFORMATION	eiving Child	Married		(circle one) endent on Parent(s		No
Hours of Work Per We Are you currently rece If yes, please explain FAMILY INFORMATION	eiving Child	Married Not Marr	ried and Dep	endent on Parent(sependent		No
Hours of Work Per We Are you currently rece If yes, please explain FAMILY INFORMATION	eiving Child N one)	Married Not Marr	ried and Dep	endent on Parent(s		No
Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of Number of Adults in FRace/Ethnicity (check	None) Home	Married Not Marr	ried and Dep ried and Inde Number o	endent on Parent(sependent)	No
Hours of Work Per We Are you currently rece If yes, please explain FAMILY INFORMATION Marital Status (check of	None) Home	Married Not Marr	ried and Dep ried and Inde Number o	endent on Parent(sependent)	No
Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of Number of Adults in FRace/Ethnicity (check	None) Home	Married Not Marr	ried and Dep ried and Inde Number o	endent on Parent(sependent)	No
Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of Number of Adults in Face/Ethnicity (check American Indian/Alaska	None) Home tone) Native	Married Not Marr	ried and Dep ried and Inde Number o	endent on Parent(sependent)	No
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Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of Number of Adults in Face/Ethnicity (check American Indian/Alaska Asian Black or African America	None) Home a one) Native	Married Not Marr	ried and Depried and Inde Number of Name & E	endent on Parent(sependent of Children Birthdate of Each Ch)	No
Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of Mumber of Adults in Face/Ethnicity (check American Indian/Alaska Asian Black or African America Hispanic or Latino	None) Home a one) Native	Married Not Marr	ried and Depried and Inde Number of Name & E	endent on Parent(sependent of Children Birthdate of Each Ch)	No
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Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of the Number of Adults in Face/Ethnicity (check American Indian/Alaska Asian Black or African America Hispanic or Latino Hawaiian/Other Pacific Is White	None) Home a one) Native	Married Not Marr	Number of GRANT Processions of Childcare	endent on Parent(sependent of Children Birthdate of Each Ch of Dependents ROGRAMS ogram(s) of interest 6wks-5yrs: Full or f	to you)	No
Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of Mumber of Adults in Face/Ethnicity (check American Indian/Alaska Asian Black or African America Hispanic or Latino Hawaiian/Other Pacific Is White Two or More Races	None) Home (one) Native	Married Not Marr Not Marr	Number of GRANT Pictured Childcare	endent on Parent(sependent of Children Birthdate of Each Ch of Dependents ROGRAMS ogram(s) of interest 6wks-5yrs: Full or F Camp: 5-11 yrs; Sur	to you) Part-Time Care	
Hours of Work Per We Are you currently receif yes, please explain FAMILY INFORMATION Marital Status (check of the Number of Adults in Face/Ethnicity (check American Indian/Alaska Asian Black or African America Hispanic or Latino Hawaiian/Other Pacific Is White Two or More Races Other	None) Home (one) Native	Married Not Marr Not Marr	Number of GRANT Pictured Childcare	endent on Parent(sependent of Children Birthdate of Each Ch of Dependents ROGRAMS ogram(s) of interest 6wks-5yrs: Full or f	to you) Part-Time Care mmer Months School Aged Ch	