

# URI WORK-LIFE COMMITTEE STUDENT CHILD CARE ASSISTANCE GRANT

Date

## AWARD FOLLOW-UP

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Date:

Name:

Student ID:

**Do you anticipate re-applying for the Child Care Grant?**

Yes

No

Uncertain

**Please provide a brief statement (100-200 words) describing how the funds supported your PERSONAL/FAMILY success**

**Please provide a brief statement (100-200 words) describing how the funds supported your ACADEMIC success.**