

# URI Undergraduate Student Child Care Financial Assistance Application

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Please complete and sign this application form and submit the application form and a copy of the child(ren)'s birth certificate(s) to the URI Work-Life Committee.

**NOTE: You must have filed a FAFSA form to be eligible for this program. If you have not done so yet, you may do so at [FAFSA.ed.gov](https://fafsa.ed.gov).**

Semester/year for which child care financial assistance is being requested:

First Name

Last Name

Student ID:

URI Email:

Alternate email:

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Cell Phone:

Home or alternate phone:

Home Address:

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Marital Status:

single

married

single living with partner

separated/divorced

If partnered or married, name of partner/spouse?

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If partnered or married, is partner/spouse a student at URI?

yes

no

About how many hours a WEEK do you  
require child care for your first child?

Second child?

Third child?

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## Student Academic Information

Are you:

a full-time student?

a part-time student?

Number of credits for the  
upcoming semester?

Major:

College/Department:

Anticipated Date of Graduation:

Primary campus:

Kingston

Narragansett Bay

Providence

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## CHILD(REN) NEEDING CHILD CARE SERVICES

### FIRST CHILD

Child's Name

Age

Date of Birth

Child care services provided for this child include:

- Babysitting services
- Licensed Child Care services
- Care by other family members

For the upcoming semester, how much do you anticipate spending on child care expenses for this child?

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**SECOND CHILD**

Child's Name	Age	Date of Birth
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Child care services provided for this child include:

- Babysitting services
- Licensed Child Care services
- Care by other family members

For the upcoming semester, how much do you anticipate spending on child care expenses for this child?

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**THIRD CHILD**

Child's Name	Age	Date of Birth
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Child care services provided for this child include:

- Babysitting services
- Licensed Child Care services
- Care by other family members

For the upcoming semester, how much do you anticipate spending on child care expenses for this child?

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## STATEMENT OF NEED

In 300 words or less, please describe your child care situation, and briefly describe how financial assistance will help you.

I have included a copy of my child(ren's) birth certificate(s)

yes

no

**SIGNATURE:** By signing this application, you are affirming that the information you are providing is accurate and are giving permission to the committee to verify financial need status. Please sign below:

Date: