Student’s Name: ___________________________  Student ID#: ______________________

Student: Read this form carefully. By signing it, you are agreeing that you understand it and that you will abide by the terms stated below.

I have received a PHCC Childcare Assistance award for the _____ term of 20_____. The maximum amount of this award as verified by my financial aid award letter is $______.

Receipt of my childcare award will begin the week of ______________________ and end the week of_________________________.

I understand that this award amount will be prorated over the remainder of the term and that the TodayCare at PHCC fees will be reduced by a proportionate amount each week. I understand that I will receive the full amount only if I remain in school through the end of the term above and that my child/children remain in the TodayCare Center at PHCC until the end of the term above. I understand that I will receive no cash.

To be completed by TodayCare Center Director in the presence of the student:

There are _______ weeks in the remainder of the term.

This PHCC student’s normal weekly TodayCare fees are: ________________.

This student’s weekly bill will be reduced by__________ (# of weeks remaining in term ÷ by the award amount).

Required Signatures:

Student’s Signature: ___________________________  Date: __________

TodayCare Director’s Signature: ______________________  Date: __________

Original: Accounts Receivable
Copies: Student, TodayCare Director, Vice President of Administration & Finance