

GSA Childcare (Student-Parent or Guardian Participation in Extracurricular Academic Activities) Grant Application Form 2017-2018

The purpose of the Childcare Grant (Student-Parent or Guardian Participation in Extracurricular Academic Activities) is to help graduate student parents and guardians pursue academic interests at related events outside of regular childcare hours. The grant helps defray the costs of childcare for parents attending academic events.



Students may apply for one or more grants up to a maximum of \$250 per student, per GSA fiscal year (01 May to 30 April) to offset the costs of childcare. Grants operate on a reimbursement basis after the childcare has been provided. However, applications may occur in advance to obtain approval for the grant. Applications will normally be processed within five (5) working days of the application date if all the criteria have been met. Receipts for the childcare must be submitted for the reimbursement to occur.

Grant application forms must include: a brief description of the event and a brief justification for the event's relevance to the applicant's academic life, a copy of the applicant's ID, and a copy of the ID for each child (such as a provincial health card or birth certificate).

The grant does not cover childcare during regular childcare hours or the child's regular school hours, nor for childcare for ongoing seminars, classes, or courses that are part of the student parent's or guardian's degree (occasional activities only). The grant is also not be awarded for childcare that may be covered by the collective agreement between CUPE 4600 and Carleton University, or by the GSA Travel Grant.

The deadline for applications is April 15 of the GSA fiscal year in which the childcare has occurred. The GSA reserves the right to refuse any application, and retains sole discretion to determine approved funding amounts. Budgets are limited, and reimbursements will only occur if funds are available.

Student Applicant

Last Name: _____
First Name: _____
Student Number _____
Phone Number: () _____
Email Address _____

Event Attended

Name of Event _____
Date of Event _____

Description of the event:

How will the event benefit your academic life?

Childcare Expense

Child(ren)

Last Name: _____
 First Name: _____
 Age: _____

Last Name: _____
 First Name: _____
 Age: _____

Childcare Provider

Last Name: _____
 First Name: _____
 Firm Name (if applicable) _____

Expenses

Please estimate the childcare expenses you expect to incur, or list the expenses that have occurred.

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Date received	Reviewed by OA / date	Reviewed by VPF/ date	Decision: yes no
Max Amount Approved	Total Receipts Provided	Amount to Reimburse	Cheque Requisition #

Have copies of the children's and parent's ID been attached? Yes No