The Graduate Student Senate (GSS) administers subsidies to graduate students and graduate student employees with children for childcare. These subsidies are financed through a combination of funding sources: Graduate Student Senate Tax, Child Care Funds as specified in the collective bargaining Agreement between GEO/UAW Local 2322 and the University, and the UAW/UMASS Health and Welfare Trust Fund. The subsidies are generally allocated during the beginning of the Fall and Spring semester for use during the academic year.

Subsidy amounts may vary depending on the number of applications, but in the past have ranged from 5% to 40% of cost. Subsidies are determined based on income and family size by a committee of the Graduate Student Senate. Graduate students with children ages 0-12 are eligible to apply. Please check the Distribution Policy for details on eligibility.

Please Note: If you receive financial aid, child care funding provided by this program may reduce the amount for which you are eligible in federal financial aid/loans, but unlike financial aid loans, funding from the GSS Child Care program is NOT a loan and will not have to be repaid. If you have applied for federal financial aid, you should be sure to report your child care expenses to the Financial Aid office because doing so may reduce the impact of any child care funding you may receive on the amount of federal financial aid for which you are eligible.

Awards will be based on the GSS child care distribution guidelines. Please see the GSS Child Care Assistance Program Distribution Policy for method of distribution. To apply, please complete the application form, and attach the following supporting documents:

1. Tax forms for the previous year for you and Other Contributing Adults (OCA)*
2. The most recent paycheck stub for you and OCA*
3. Current UMass contract for you and OCA (if applicable)*
4. Spire print out of your student status
5. A photocopy of a birth certificate or passport of your children who are 12 and under

Application Timeline:
• Parents submit applications and supporting documents to GSS office (Sept. 27, 2010)
• Committee reviews applications and makes allocations in two weeks (Oct. 12, 2010)
• Applicants are notified of the award amounts (Oct. 14, 2010)
• Applicants receive an excess check for the amount of the assistance (minus any outstanding balances) via bursar’s account two to three weeks after accepting awards.
APPLICATION FOR CHILD CARE ASSISTANCE

NOTE: By submitting this application for review, you are accepting the responsibility to inform the Graduate Student Senate in writing of any/all changes to the information you provide below. The Graduate Student Senate reserves the right to withdraw or reduce a subsidy if we are not kept informed of any such changes.

Name: ___________________________ Name of OCA*: ___________________________

Date of Birth: _____________________ OCA’s Date of Birth: _______________________

Student ID: ______________________ OCA’s Student ID (if applicable): ____________

*OCA: Other Contributing adult(s), adults (including your spouse) in the household who contribute(s) to the family.

Home Address
________________________________________________________
________________________________________________________
________________________________________________________

Department Address
________________________________________________________
________________________________________________________
________________________________________________________

Phone: ____________________________ Phone: ____________________________

E-MAIL: ____________________________
*Please provide an e-mail address you check regularly

TOTAL FAMILY SIZE: ____________

CHILD(REN) INFORMATION

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<th>Name of Child</th>
<th>Age</th>
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Please list all subsidized child care your child(ren) receives (ie: enrollment in Head Start and CEEC):
________________________________________________________
________________________________________________________
________________________________________________________
Financial Information

Please provide the following information about you and your OCA:

Does the OCA contribute to the care of your children financially? Yes / No
Will s/he attend UMass/Amherst in the 2010-2011 Academic Year? Yes / No
A Graduate or Undergraduate Student? Graduate / Undergraduate

Total Income Earned for 2009 (from tax forms)*:  
You: __________________________
OCA: __________________________

Expected Total Income for Sept 2010 - May 2011*:  
You: __________________________
OCA: __________________________

Current Income*:  
You: ____________________ per month  
OCA: ____________________ per month

*Do not include any loan amounts in wage or income estimates

Do you have a Tuition Waiver for the Fall 2010 Semester? YES / NO
Does OCA, if a student, have a Tuition Waiver for the Fall 2010 Semester? YES / NO

Other Sources of Income

Please list types and monthly or yearly amounts of other sources of income you or your OCA will be receiving during the 10-11 academic year. Sources of income include child support, public assistance, veteran benefits, fellowships, scholarships. Please list any interest or dividend income from stocks or bonds, or income from rental properties valued at over $1,000. (Loans are not considered as income or wages

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________
Expenses

Monthly Rent/Mortgage: ____________________________________________________________

Utilities: ________________________________________________________________________

Other: __________________________________________________________________________

Special Circumstances

Please indicate any special circumstances or expenses of which we should be aware of:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

If more space is needed, please feel free to use the back of this paper.

I certify that I am a graduate student at UMass/Amherst and that the information I have provided is correct and complete. I acknowledge that I am required to inform GSS in writing of any changes in my finances (expenses, childcare enrollment) or circumstances. I understand that if I fail to meet the above conditions, the GSS childcare committee reserves the right to limit or deny funding.

Signature: _______________________________________________________________________

Date: ___________________________  Student ID #______________________________

Child Care Assistance FERPA Waiver:

I understand that by signing below, I’m agreeing to release to the administrative employees and Trustees of the UAW/UMass Health & Welfare Trust, to GEO/UAW Local 2322, and to any and all vendors employed by the Trust for the purpose of providing benefits, information necessary to provide me with, and to verify my eligibility for, any and all benefits offered by the Trust including childcare assistance.

Print Name: ______________________  Signature: ________________________________

Date: ______________________________