



Society of Graduate Students / The Grad Club



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CHILD CARE SUBSIDY APPLICATION FORM

- Subsidies for SOGS Members cannot be guaranteed. If awarded, the maximum amount for this subsidy is \$400 and will be awarded **based on demonstrated financial need**.
- Subsidy deadlines are **the last business day of each term** in April, August and the last day of operation before the Christmas break. Applications will be adjudicated **once** each term after the deadline.

This application must include the following documents in the order below to be considered:

1. Cover page and application form
2. **Original** receipts. Receipts must state name of applicant and children using child care services.

NOTE: Due to the high number of subsidy applications received by SOGS, applications that do not meet **all** checklist requirements or include **properly attached** receipts **will not** be considered. The information collected by SOGS is for internal statistical purposes. Confidentiality of all subsidy applications and their contents will be maintained.

Please confirm the following before submitting your application:

- My receipts are from the semester I am applying in.
- Application materials are attached in the order indicated above.

I have read the application in its entirety & declare all information enclosed to be accurate and true.

Signature of Applicant: _____

Date of Application: _____

Surname: _____

First Name: _____

Student Number: _____

Department: _____

Expected Graduation Date: _____

mm/yy

Status: Full time Part-time

Current Address

Alternate Address

Telephone: _____

Email: _____

For office use:

Application:

 Date received

 Total amount of receipts attached

 Term

Approved: YES NO

Date

Amount

Cheque No. _____

PLEASE NOTE: All subsidy applications are adjudicated **based on financial need**. Applications that list 'zero' income **cannot** be considered for a subsidy.

INCOME FOR TERM

Income for TERM: \$ _____

➔ **EXCLUDING** tuition

➔ **INCLUDING** *Internal/External scholarships, student loans, employment wages, lines of credit, family support, and faculty/department funding)*

Spouse/Partner's Income/Contribution to household expenses for TERM: \$ _____

Total Income for THIS TERM only: \$ _____

CHILD CARE EXPENSES

PLEASE NOTE: To ensure equal opportunity for all applicants, only **ORIGINAL** receipts issued to applicant can be considered! The **name of the applicant** and **the name of the children using the childcare service** **MUST** appear on the receipts. Credit card statements **cannot** be accepted as a receipt of expenses.

Please list your expenses below and attach **original** receipts for each expense **in this order**.

Child Care Facilities	Amount (\$)
Pre-School/Sitters	Amount (\$)

Total \$:	
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