



Financial Aid
1042 West Hamlet Avenue
Post Office Box 1189, Hamlet, NC 28345
910-410-1726
Fax (910) 851-6375

Serving Richmond and Scotland Counties

Application for RichmondCC Child Care Grant 2023-2024

Student Name: _____ ID#: _____
Student Phone: _____ Email: _____
Address: _____ City: _____ State: _____

Program of Study: _____
Have you previously received the Child Care assistance from RCC? _____

How many children will you need child care for during your academic hours at RCC? _____

Please list the names and ages of your children:

Required

Child(ren) Birth Certificate attached: _____

Name of Daycare: _____

What is the fee you are charged by the Day Care Provider: \$_____ per _____

Student Signature Date

***PLEASE RETURN THIS FORM TO FINANCIAL AID OFFICE FOR REVIEW**
FINANCIALAID@RICHMONDCC.EDU

Need ___ CH ___ InClass ___ NC ___

Note: You Must be enrolled in a Minimum of 6 credit hours-seated (not online classes), You must be of Satisfactory SAP Status, you must have an EFC 0-2500, and must be NC Resident.