



**Cornell University Arecibo Observatory  
2009 Child Care Grant Subsidy Program  
Application for January – December 2008**

**DEADLINE: September 26, 2008**

**Attach Two Pay Stubs (per applicant) or Other Documentation of  
Income to Application before submitting materials.**

1. Applicant Name: \_\_\_\_\_ 2. Cornell ID # 

--	--	--	--	--	--	--

  
(Last, First, Middle Initial) (Upper left corner of your pay stub)
3. Mailing Address: \_\_\_\_\_
4. City: \_\_\_\_\_ 5. County: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip: \_\_\_\_\_
- 8a. Full-Time  Part-Time  If Part-time, number of hours worked per week: \_\_\_\_\_  
8b. Academic Staff  Administrative Staff  Faculty  Post-doctorate Associate
9. Work Phone: \_\_\_\_\_ 10. Home Phone: \_\_\_\_\_
11. Cornell E-mail Address: \_\_\_\_\_ 12. If you do not have/ use your e-mail address, please check:
13. Marital Status:  Single (including legally separated, divorced and widowed)  Married  Same-Sex Domestic Partner

**CO-APPLICANT INFORMATION**

14. Co-Applicant Name: \_\_\_\_\_
15. Co-Applicant Employment Status:  Employed  Unemployed-full time student  Unemployed-legally disabled  
 Unemployed-actively seeking employment (must include "estimated gross salary/wages")
- Note: If your spouse/partner is not employed, you are not eligible for the Cornell University Child Care Grant Subsidy, *unless* your spouse/partner is a full-time student, actively seeking employment, or is legally disabled (must provide documentation).
- 16) If spouse/partner is employed, name of employer: \_\_\_\_\_

**FINANCIAL INFORMATION**

The Grant Program requires that you report, as of January 1, 2009, *all sources of income* for the individual(s) financially responsible for the child(ren) for which the grant subsidy is sought.

	Applicant	Co-Applicant	
17. <b>Gross wages per pay period:</b> Tip: See "Total Gross" on pay stub	\$	\$	
18. <b>Number of pay periods per year:</b> Tip: Cornell exempt employees have 24 pay periods and non-exempt have 26 pay periods per year.	X	X	<b>Totals</b>
19. <b>Estimated gross salary/wages for 2009:</b> Tip: Multiply Line 17 by Line 18 for each the applicant and co-applicant.	\$	\$	\$
20. <b>Other anticipated income for 2009:</b> Note: Include interest/dividends, public assistance, veteran's benefits, alimony, social security, disability and all other income.)	\$	\$	\$
<b>Total Anticipated Household Income for 2009:</b>			\$

**CHILD INFORMATION**

**COPY THIS PAGE AND FILL OUT SEPARATELY FOR EACH CHILD**

**Note: Only legal care, as defined in the Eligibility Guidelines, can be used for the Child Care Grant Subsidy**

Name of Child in Care: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Do you intend to claim this child as a dependent on your 2009 tax return?  Yes  No

**ESTIMATED COST OF CARE**

<b>COST</b>						
	<b>Jan.-June</b>	<b>Circle one</b>	<b>July-Aug.</b>	<b>Circle one</b>	<b>Sept.-Dec.</b>	<b>Circle one</b>
Infant/Toddler (approx. 6 wks-3 yrs)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
Pre School/Pre K (approx. 3-5 yrs)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
School-Age Before School Care (approx. 5 yrs-12 yrs.)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
School-Age After School Care (approx. 5 yrs-12 yrs.)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
School-Age Summer Care (approx. 5 yrs-12 yrs.)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
<b>Total:</b>	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month

**Verification of Child Care Provider**

Please have your provider verify the cost(s) you have provided above. Once he/she has verified this information, have him/her complete the information below.

Provider's Address: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Provider's Telephone Number: \_\_\_\_\_

Registration/License Number: \_\_\_\_\_

or

Provider's Tax ID or Social Security Number: \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Note: If there is more than one provider or there are additional children, copy and complete this page for each provider and/or child).

## CHECKLIST FOR APPLICANT

- Attach two most recent pay stubs from both the applicant and co-applicant (Schedule C or 1099 for self employment)
- Make copy of application and pay stubs for your records and tax purposes
- Submit via U.S. Mail, postmarked by **September 26, 2008**, to:

**Child Care Grant Subsidy Program  
Cornell University  
Box 43 Day Hall  
Ithaca, NY 14853**

**Hand delivered, faxed, e-mailed, campus mailed, and late (postmarked after the September 26, 2008 deadline) applications will not be accepted.**

## STATEMENT OF UNDERSTANDING

By signing this application, I certify that I am requesting the Cornell University Child Care Grant Subsidy for a child in legal care who I will be claiming as a dependent on my 2009 taxes.

- I have attached current pay stubs or other necessary information to document gross income.
- I certify that the statements relating to this application are complete and correct to the best of my knowledge.
- I understand that the grant monies I receive will be reported by the University on my annual W2 form.
- If I am an expectant parent, I understand it is my responsibility to report the birth of my child to the Office of Workforce Diversity, Equity, and Life Quality, within 60 days of my return to work date.

I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my Cornell University Child Care Grant Subsidy and/or may result in adverse employment consequences for myself.

---

Signature of Applicant

---

Date

---

Signature of Co-Applicant

---

Date