

**UNIVERSITY OF NEVADA, LAS VEGAS
GRADUATE COLLEGE**

CHILDCARE SCHOLARSHIP APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK. KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

GRADUATE STUDENT INFORMATION

Student ID (L-Number): _____

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Program of Study: _____ Current GPA: _____

Degree Sought: Masters Specialist Doctoral

Advisor/Committee Chair: _____
(Please print name)

Please provide birthdates for each child dependent younger than kindergarten:

Please provide birthdates for each child dependent in kindergarten through 6th grade:

Please provide birthdates for each child dependent in 7th through 12th grade:

Please describe your paid childcare arrangements (for example, name of preschool or after school programs; weekly or monthly cost of attendance or care; etc.) and include the payment schedules, bills or receipts to document costs, and the Tax ID # for each preschool or childcare provider used:

Total amount you will spend on school-time or after-school childcare (not including babysitting costs while you attend social events) next semester: _____

Please attach a receipt, invoice, or other materials (documenting your paid childcare arrangement and the total amount you will spend on childcare next semester) to this form. Submit your completed form, with attached documentation, to Dr. Kate Hausbeck via email at kate.hausbeck@unlv.edu, or mail/deliver your application to: Dr. Kate Hausbeck, UNLV Graduate College, 4505 S. Maryland Parkway, Box 451017, Las Vegas, NV 89154-1017. You may also fax your paperwork to 702-895-4180.

Thank you!