







The Graduate Student Assistance Fund GE Childcare award up to \$1,000 requires the following documentation. Please submit a **separate** application for each child:

Information Verified	Documentation Accepted	
Guardianship	Birth certificate; adoption certificate; foster care placement letter with name and date of birth of child, name of parent/guardian, date of placement/birth	
Childcare Service	Choose one	
	BUSINESS or AGENCY ONLY Documented childcare expenses from a business or agency 	Documentation Accepted Certification for Childcare from a licensed childcare business or agency (on page 2)
	PRIVATE PROVIDER or INDIVIDUAL Documented childcare expenses from a private provider or individual 	Certification for Childcare from a private provider or individual (on page 3)
Childcare Expenses	Choose one	
	BUSINESS or AGENCY ONLY If expenses are from a business or agency 	Documentation Accepted A copy of all invoices from childcare provider/agency with dates of service, amount, child(ren) name, and parent/guardian name(s)
	PRIVATE PROVIDER or INDIVIDUAL If expenses are from a private provider or individual 	A completed copy of the invoice provided on page 4

This form is used to verify a Graduate Employee's request for a financial award related to childcare.

To be completed by Graduate Employee:

Child's First and Last Name _____

Child's Age; Child's Date of Birth _____

Dates of Childcare	Amount

- Submit a copy of all invoices related to date and amounts listed above along with this form.

To be completed by a licensed childcare provider:

Provider First and Last Name _____

Licensed Agency/Organization _____

Agency Address _____

Agency Phone Number _____

I certify that the expenditures listed
above are accurate and were made
to this agency for the purposes of
childcare on the dates provided.

_____ Yes _____ No

Signature of Provider _____

Date Signed _____

This form is used to verify a Graduate Employee's request for a financial award related to childcare.

To be provided by Graduate Employee:

Child's First and Last Name _____

Child's Age; Child's Date of Birth _____

Date(s) of Childcare	Amount	Mode of Payment

- Submit a completed copy of the invoice provided on the following page.

To be completed by a private childcare provider or individual:

Provider First and Last Name _____

Provider Phone Number _____

Provider's Email _____

I certify that the expenditures listed above and included in the following invoice are accurate and were paid to me for the purposes of childcare on the dates provided. _____ Yes _____ No

Signature of Provider _____

Date Signed _____

Please complete the invoice on the next page.

Childcare Invoice

PRIVATE PROVIDER OR INDIVIDUAL

***Provider should complete this form. Please use separate invoices for each child.*

FROM

Provider First and Last Name _____

Provider Address _____

Address of Childcare Service(s) _____

Provider's Hourly Rate _____

TO

Parent(s) First and Last Name(s) _____

Child's First and Last Name _____

Child's Date of Birth _____

INVOICE

Date of Childcare	Start – End Time of Childcare	Hours	Amount	Date Paid	Method of Payment (e.g., cash, check, Venmo, etc.)

TOTAL HOURS _____

TOTAL AMOUNT OWED _____

TOTAL PAID _____

TODAY'S DATE _____