

## AUTHORIZATION TO PAY CHILD CARE CHARGES FROM FINANCIAL AID SOURCES

I hereby authorize Tidewater Community College to use my financial aid sources, including grants, student loans, or scholarships that I have been awarded, to pay the child care charges listed below. I recognize that these charges will be paid after tuition, fees, and bookstore charges. I affirm that my total financial aid awards are sufficient to cover these charges.

I further understand that these charges will be paid prior to my receiving the remaining balance of my financial aid. I agree that if my aid is reduced for any reason, and I no longer have sufficient aid to cover these authorized child care charges, I will assume responsibility and immediately remit payment to the college.

I understand that I have the right to refuse Tidewater Community College permission to apply my financial aid toward the charges listed below, and that I may cancel this authorization at any time prior to the charges being paid. If I choose to refuse or cancel this authorization, I will pay these charges personally.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Charges to be paid from financial aid sources for the \_\_\_\_\_, \_\_\_\_\_  
Semester Year

Category	Amount for the Semester	Signature of YWCA Representative
Full-Time Child Care		
Part-Time Child Care		
After-School Child Care (School-Aged Children)		
After-School Child Care (Preschool/Pre-K Aged Children)		
Drop-In (Coupon Rates)		
<b>Total Charges</b>		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BUSINESS OFFICE USE ONLY		
Amount of financial aid available for charges:	Date:	Initials:
		P C N VB

CANCELLATION OF AUTHORIZATION BY STUDENT		
Amount of charges to be cancelled:	Date:	Initials:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_