

2026-2027 Postsecondary Child Care Grant Application

Section A – Completed by the student (please use ink or type)

Any changes during the academic year MUST be reported to the financial aid office.

1. Name (Last, First Middle):

2. Student ID:

3. Student Email Address:

4. Permanent Home Address:

5. County of Residence:

6. Phone Number:

7. Number of Children 12 years of age or younger receiving child care:

8. Number of children with a disability 14 years of age or younger receiving child care:

9. Are you and/or any of your dependents currently receiving MFIP benefits?

If yes, list names of ALL MFIP recipients below and attach documentation from county social services:

- Yes
 No

Case workers Name: _____

Case workers Phone number: _____

10. Are you or the other parent receiving child care assistance from some other source?

If yes, please identify source below and attach documentation of assistance you are receiving.

- Yes
 No

11. Is the other parent applying for Postsecondary Child Care Grant?

If yes, other parents name: _____

- Yes
 No

School applying at: _____

12. Indicate number of credits which you intend to register:

Fall Term: _____

Winter Term: _____

Spring Term: _____

Summer Term: _____

**Please note Winter Term is not applicable at all schools.*

13. Program I am enrolled in?

4 Year Undergraduate

2 Year Undergraduate

Certificate Program

Graduate/Professional Program

Student Certification

Please check every box next to each statement indicating that you understand the statement.

- I declare that I am the legal parent, legal step parent, or legal guardian of the children listed on this application and upon request will provide proof in the form of a birth certificate, marriage certificate, or legal guardianship paperwork.
- I understand and accept the obligation to notify the school in writing of **any changes** to the information provided in this application **within 10 days** of the change. Changes may include, but are not limited to, my enrollment status, FAFSA information, receipt of MFIP, child care assistance from another source, hours of child care, changes in provider or provider rates, or any other changes to information on this application. I understand that failure to report any changes within 10 days will result in the **cancellation** and possible **repayment** of any Postsecondary Child Care Grant funds awarded for the academic year.
- I understand that I must report to the school in writing **within 10 days** if the parent of my child(ren) also applies for the Postsecondary Child Care Grant. I give permission for my application information to be released to the other school when applicable.
- I understand that the Postsecondary Child Care Grant must be used **only to pay my child care provider**. I acknowledge that the award is subject to **repayment and/or cancellation** if used for any other purpose. I agree to provide **receipts or proof of payment** for child care services received if requested by the school or the Minnesota Officer of Higher Education staff.
- I give permission to the school I attend and the Minnesota Office of Higher Education to share information regarding the Postsecondary Child Care Grant with my child care provider(s) and to verify the information on this application. I also give my provider permission to verify information in the provider's section, when contacted by the school or the Minnesota Office of Higher Education staff. I understand that my application will be placed on hold until the provider information is verified.
- I give permission to the county social service agency to release to the school I am attending or the Minnesota Office of Higher Education the amount and terms of any MFIP or child care assistance I receive from **July 1, 2026 to August 31, 2027**. I also give permission to the school and the Minnesota Office of Higher Education to report my child care award to my county social service agency. I understand that my application will **automatically** be sent to the Department of Family and Youth Services (DCYF) to be verified. Failure to report MFIP or other child care assistance received in advance will result in the automatic denial of my Child Care Grant application.
- I declare that the other parent or legal guardian of my child(ren) is not capable or available to care for my child(ren) during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.
- I declare that myself and my child(ren) do not reside at the same address as my provider.
- I understand that if I do not attend a class, withdraw or reduce my enrollment after receiving a Postsecondary Child Care Grant, all or a portion of the grant will need to be repaid to my school.
- I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Postsecondary Child Care Grant Program and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the forfeiture or repayment of past, current, and future awards from this program.

Student Name:

Student Signature:

Date (month/day/year):

Authorization for Release of Information

Student Name:	
Duration of Authorization:	July 1, 2026 to August 31, 2027
Organizations:	Minnesota Office of Higher Education and Anoka Technical College (ATC)
<p>The Minnesota Office of Higher Education and ATC will complete verification of benefits for both the Minnesota Family Investment Program (MFIP) and Child Care Assistance Programs (CCAP) through the Department of Family and Youth Services (DCYF).</p> <p>Child Care Assistance Programs may also include: Think Small Scholarship, Basic Sliding Fee, MFIP/DWP Child Care, Transition Yera, Early Learning Scholarships, Parent Aware, or any other type of child care assistance.</p> <p>Failure to report MFIP or other child care assistance received on the Postsecondary Child Care Grant application or to the financial aid office at your school as instructed in the student certification page could result in the automatic denial or cancelation of Postsecondary Child Care Grant (CCG) funds.</p> <p>Please sign this form and submit with your Postsecondary Child Care Grant application to the financial aid office at your school.</p>	
<p>Giving Permission: I give permission for the person or organization listed previously to release the requested information to the requesting agency. This information is used to determine my eligibility for the Postsecondary Child Care Grant.</p>	
<p>Consequences: State and Federal privacy laws protect my records. I know:</p> <ul style="list-style-type: none">• Why OHE and ATC are asking me to release this information.• I do not have to consent to this authorization, but it will result in not qualifying for the Postsecondary Child Care Grant if I do not consent.• That, generally, I must give my written consent for this person or agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it.• That I may stop this authorization with a written notice at any time, but this written notice will result in the denial or cancelation of Postsecondary Child Care Grant for the academic year.• That the person or agency who gets my information may be able to pass it on to others (OHE, DHS, DCYF, or ATC).• That if my information is shared with others, it may no longer be protected by this authorization but my information will still be protected by Federal Education Rights and Privacy Act (FERPA) and Minnesota Government Data Practices Act (MGDPA) by both OHE and (Institution).• That this authorization ends on August 31, 2027.• I also understand that by submitting this information online through my Student Portal, my consent is automatically given for benefits verification through DHS, DCYF, or other organization where I receive any form of child care assistance.	
Student Signature:	
Date:	

Postsecondary Child Care Grant Application

Student Name:		Student ID:	
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Child Care Provider MUST Complete ENTIRE Section

Section B – Completed by Child Care Provider (Please use ink or type)

Child's Full Name	Child's Age	Child's Date of Birth	Total Hours Child Care Provided Per Week	Rate Type Charged (Check one box)	Amount Charged Per Child	Date Day Care Started
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		

Please list any child care assistance paid to provider from other sources such as Child Care Assistance, Think Small, Basic Sliding Fee, Early Childhood Scholarship, Transition Year, other parent receiving discounted rate, child care scholarships, or any other assistance programs, etc.

Source:		Amount:		Child's Name:	
Source:		Amount:		Child's Name:	
Source:		Amount:		Child's Name:	
Source:		Amount:		Child's Name:	

Child Care Center or Provider's Name:		Relationship to Student (if any):	
Provider's Address:		Provider's Phone Number:	
Provider's Email Address:		Alternate Phone Number:	

Check all that apply:

<input type="checkbox"/> I am a licensed family (home) child care provider.	License number:	
<input type="checkbox"/> I am a licensed child care center.	License number:	
<input type="checkbox"/> I represent a school-age care program that has a contract with a school district to provider child care for school-age children. <i>(Examples include district-contracted before- and after-school programs)</i>		
<input type="checkbox"/> I represent a child care center which is legally exempt from licensure and is certified as such by the Minnesota Department of Human Services (DHS) or a tribal licensing authority (as listed on the DHS Licensing Lookup site).		
<input type="checkbox"/> I am an exempt individual provider. I am at least 18 years old, I will only care for this family's children (in addition to my own, if applicable), and I do not live in the same household as the student or child.		

Provider Certification

Please check every box next to each statement indicating that you understand the statement. This is required to be considered an eligible child care provider for child care grant purposes.

I certify that the information provided in Section B is true and correct and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence or both and such action may result in the forfeiture of future awards from this program.

I promise to provide additional documentation if necessary, including confirming the above information when contacted by the Minnesota Office of Higher Education (OHE) staff or the college financial aid administrator. I also grant permission to OHE or school auditors to review my financial records to verify receipt of Postsecondary Child Care Grant funds.

I certify that the parent applying has child care costs they are responsible for paying, they are currently incurring child care expenses, and they are up to date on child care payments. I can provide proof upon request.

I understand that I cannot charge a Postsecondary Child Care Grant recipient a higher rate for services than the rates charged to other clients who are not recipients. I understand that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence, or both.

I understand the obligation to immediately report any changes to the information provided in the above chart to the student's financial aid administrator. This includes informing the school if I am no longer providing child care services for the student's children.

Exempt Individual Provider (babysitter/nanny) only:

The checkboxes below **only** apply to **exempt individual providers**. If this box was checked on the previous page, the three checkboxes below must be checked in order to be an eligible child care provider for purposes of Postsecondary Child Care Grant.

These do not apply to licensed child care providers, school district contracted before- and after-school programs, or certified child care centers (first four checkboxes of previous page).

I give permission to the Minnesota Office of Higher Education or the school to report the amount of the student's Postsecondary Child Care Grant to the Internal Revenue Service or the Department of Revenue as taxable income to the provider (myself).

I certify that I do not reside in the same household as the child or student.

I certify that I will only care for this student's children besides my own, if I have my own children.

Provider Name:

Provider Signature:

Date:

Please report any changes to the student's college financial aid administrator using this contact information:

Postsecondary Child Care Grant Program Instructions

The Postsecondary Child Care Grant Program helps eligible students offset the cost of existing out-of-pocket child care expenses for their young children while the student attends classes, works, or studies. This grant is awarded and administered by campus financial aid offices.

Who is Eligible

To qualify, students must meet the following criteria:

- Must be a [Minnesota resident student](#)*
- Must have a child 12 years old or younger (or a child 14 years old or younger if the child has a disability).
- Must be either an Undergraduate or Graduate student enrolled in at least 1 credit per term at a participating Minnesota School.
- Has not received child care grant funds for a period of 10 semesters or the equivalent.
 - Students who have withdrawn for active military service after December 31, 2002 are given an extra term of eligibility.
- Must not be in default on a student loan.
- Must be in good academic standing and making satisfactory academic progress.
- Must not be receiving full-time Child Care Assistance (40 hours or more per week).
- Must not have child care costs fully covered by another source (scholarship, stipend, etc.).
- Must not be a recipient of Minnesota Family Investment Program (MFIP).
- Must already be paying out-of-pocket for child care expenses at the time of application and able to provide proof of payment upon request.
 - Must be current on child care costs. This grant is not a guarantee and should not be the reason children are in care as funds can be limited and subject to enrollment changes.
 - Award is subject to change, including up to the full cancellation of award, if child care payment to provider becomes past due.

Note: Schools can request additional documentation when processing child care grant applications. Students must submit any documentation requested. Students must also report any changes in child care arrangements (provider, hours, or rates) to the financial aid office within 10 days to keep awards accurate and avoid cancellation or denial once their application is submitted.

Participating Institutions

Participation is optional and not all colleges and universities have opted into the program. Please see the list of participating institutions [here](#)**.

*<https://ohe.mn.gov/paying-college/how-apply-financial-aid/are-you-eligible>

** <https://ohe.mn.gov/postsecondary-child-care-grant-schools>

How to Submit Application

To complete your application and be considered for funding, please follow these important next steps after completing the online application:

- Print your application and provide it to your child care provider to complete Section B.
- Review both Section A and Section B for accuracy and completeness.
- Submit the full application to the financial aid office at your college or university.

- A financial aid administrator at your school will determine your eligibility and award amount and will notify you of the outcome. If you have any questions regarding your application, your schools contact information is found in Section B of the application and also in the confirmation email.

Note: Child Care Grant awards may be processed after other types of financial aid. Please plan accordingly.

Funds Available

The maximum award amount is \$6,500 per eligible child per 9-month academic year. The amount of the award cannot exceed 40 hours of child care per week per eligible child. Students are eligible to receive an extra term of eligibility for summer term attendance.

In some instances, the maximum award may be increased by 10 percent to compensate for higher market costs for infant care up to the point the child reaches 18 months of age. Applicants who are charged a higher rate for infant care should inquire with their school to see if they offer this adjustment, and if so, to obtain the form necessary to request the adjustment.

Maximum Award per Term per Child: \$3,250/semester or \$2,167/quarter

Minimum Award per Term per Child: \$50/semester or \$33/quarter

**See charts on last page for additional details.*

Awards may cover eligible child care costs up to 40 hours per week, not exceeding provider rate caps (\$10/hour center; \$5/hour home care), and are reduced by other child care assistance.

How Awards are Calculated

The Child Care Grant calculator estimates your award based on the number of weeks your child is in care during the academic year, the number of hours per week, your actual out-of-pocket child care costs, your Student Aid Index (SAI), your term enrollment level, other child care assistance received, type of child care (center vs home), and the availability of funding. Because funding is limited and awards are capped, your grant may not cover the full cost of care.

Fraud and Misrepresentation

When you apply for the Postsecondary Child Care Grant, you must provide complete and accurate information. Submitting false or misleading details about your child care expenses or eligibility is considered fraud. Fraud may result in denial or repayment of your grant and could affect your future state financial aid eligibility.

Definitions

Child with a disability is:

A child who has a hearing impairment, blindness, visual disability, speech or language impairment, physical disability, other health impairment, mental disability, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services, as determined by the standards of the commissioner, is a child with a disability.

A child without a disability is:

A child with a short-term or temporary physical or emotional illness or disability, as determined by the standards of the commissioner, is not a child with a disability.

Other sources of child care funding:

Answer “yes” if you are receiving child care funding from another source. Examples are: the child’s other parent is receiving the Postsecondary Child Care Grant, your employer is helping to pay your child care costs, you receive Basic Sliding Fee child care assistance from the county, you receive an Early Childhood scholarship, you receive any other assistance to help pay for daycare costs, other parent is receiving any of the above or a discounted day care rate, or the other parent is covering a portion of child care costs, etc.

Important Websites

Postsecondary Child Care Grant website: <https://ohe.mn.gov/grant-scholarship/postsecondary-child-care-grant>

Child Care Grant FAQ’s: <https://ohe.mn.gov/postsecondary-child-care-grant-faqs>

Participating Schools: <https://ohe.mn.gov/postsecondary-child-care-grant-schools>

**Not all MN Schools participate*

Minnesota Resident Student Status: <https://ohe.mn.gov/paying-college/how-apply-financial-aid/are-you-eligible>

SAMPLE
DO NOT USE

Postsecondary Child Care Grant Annual Award Amount Per Child

Postsecondary Child Care Grant Award Table Amount Per Child in a 9-month Period						
SAI Beginning Range	SAI End Range	SAI Range based on Student SAI*	Full-Time Award	¾-Time Award	½-Time Award	Less than ½ Time Award
-\$1,500	\$6,565	Y	\$6,500	\$4,875	\$3,250	\$1,625
\$6,657	\$6,999	N	\$6,347	\$4,760	\$3,174	\$1,587
\$7,000	\$7,999	N	\$5,347	\$4,010	\$2,674	\$1,337
\$8,000	\$8,999	N	\$4,347	\$3,260	\$2,174	\$1,087
\$9,000	\$9,999	N	\$3,347	\$2,510	\$1,674	\$837
\$10,000	\$10,999	N	\$2,347	\$1,760	\$1,174	\$587
\$11,000	\$11,999	N	\$1,347	\$1,010	\$674	\$337
\$12,000	\$13,312	N	\$655	\$491	\$328	\$164
\$13,313	+	N	\$0	\$0	\$0	\$0

*Since minimum Pell is awarded on Household Size and Adjusted Gross Income, not SAI, students with Minimum Pell Flag outside SAI range of \$6,656, are eligible for CCG.

Semester School: Divide by 2 for term maximum

Quarter School: Divide by 3 for term maximum

*See Funds Available on previous page for details.

Credit Level to Enrollment Status Conversion

Credit Level to Enrollment Status Conversion – For Postsecondary Child Care Grant (CCG) ONLY State Statute Defines Enrollment Status as the Following for CCG Only		
<i>*Your school may have a different enrollment intensity definition for your program or other aid types</i>		
Program Type	Credit Range Per Term	Enrollment Status for CCG
Undergraduate	1 - 5	Less than ½ Time
Undergraduate	6 - 8	½-Time
Undergraduate	9 - 11	¾-Time
Undergraduate	12+	Full-Time
Graduate/Professional	1 - 2	Less than ½ Time
Graduate/Professional	3 - 4	½-Time
Graduate/Professional	5	¾-Time
Graduate/Professional	6+	Full-Time