

## Child Care Subsidy Grant Program 2025 APPLICATION

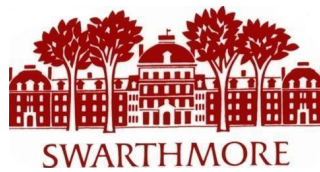
**Due by May 16, 2025**

You may apply only in the period in which you meet eligibility requirements.

### PART ONE: YOUR INFORMATION

For full program details and eligibility requirements, please review the official guidelines at <https://www.swarthmore.edu/human-resources/child-care-subsidy-grant-program>. Complete this application in blue or black ink. Please print clearly.

BANNER EMPLOYEE ID #	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	
DATE OF HIRE	<input type="checkbox"/> FACULTY - <input type="checkbox"/> FT OR <input type="checkbox"/> PT <input type="checkbox"/> STAFF - <input type="checkbox"/> FT OR <input type="checkbox"/> PT	PAID <input type="checkbox"/> MONTHLY (FM) OR PAID <input type="checkbox"/> BIWEEKLY (SB)
FULL TIME EQUIVALENT (FTE): _____ <input type="checkbox"/> ONE POSITION <input type="checkbox"/> MULTIPLE POSITIONS		BENEFITS ELIGIBILITY STATUS <input type="checkbox"/> FT (0.75+ FTE) <input type="checkbox"/> PT (0.50-0.74 FTE)
JOB TITLE & DEPARTMENT		CURRENT SALARY \$
HOME STREET ADDRESS, CITY, STATE & ZIP CODE		
SWARTHMORE EMAIL ADDRESS _____@SWARTHMORE.EDU		ALTERNATE EMAIL ADDRESS
WORK PHONE		<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> CELL PHONE
HOUSEHOLD STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SHARE HOUSEHOLD WITH THE PARENT OF MY CHILD(REN) <input type="checkbox"/> MARRIED <input type="checkbox"/> COMPLETED AFFIDAVIT FOR DOMESTIC PARTNERSHIP		
SPOUSE/PARTNER NAME (LAST, FIRST, MIDDLE INITIAL)		SPOUSE/ PARTNER EMPLOYER
SPOUSE/PARTNER EMPLOYMENT STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT / PAY FREQUENCY: _____		IF NOT EMPLOYED, IS SPOUSE/PARTNER ACTIVELY SEEKING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RETIRED
IS YOUR SPOUSE/PARTNER A FT STUDENT? <input type="checkbox"/> YES AS OF (DATE) _____ <input type="checkbox"/> NO		IF YES, WHERE?



## PART TWO: ELIGIBLE CHILDREN

Information about your dependent child(ren) age 6 and younger as of **5/31/2025**. *Families with a child (regardless of age) with a documented disability are also eligible to apply.*

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTH DATE (MM/DD/YYYY)	TAX DEPENDENT ON 2024 TAX RETURN?	LAST 4 DIGITS OF CHILD'S SOCIAL SECURITY #
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PART THREE: FINANCIAL INFORMATION

As part of our application process, we need to review personal information. Be assured we keep this information strictly confidential and securely stored.

If you have any questions about the documents you need to include for your household, please refer to the program page on the Human Resources website at [swarthmore.edu/human-resources/child-care-subsidy-grant-program](https://swarthmore.edu/human-resources/child-care-subsidy-grant-program) or email [benefits@swarthmore.edu](mailto:benefits@swarthmore.edu).

Check off each of these items as you enclose them with your application.

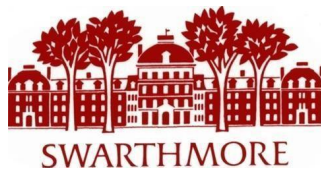
### Applicant Tax & Pay Information

- ☐ Completed, signed copies of your **2024** Federal Tax Return Form 1040 or 1040A.
- ☐ For Custodial Parents\*, please include a copy of your **2024** federal income tax Form 2441
- ☐ If applicable, a copy of completed, signed **2024** Schedule C for any non-salary income
- ☐ Copies of your two (2) most recent pay statements for you
- ☐ A copy of your child(ren)'s birth certificate(s)

**\*Custodial Parents Per IRS Guidelines:** a Custodial Parent is the parent with whom the child lived for the greater number of nights in a given year. If the child was with each parent for an equal number of nights, the custodial parent is the parent with the higher adjusted gross income.

### Spouse or Partner Tax & Pay Information

- ☐ If filing income taxes separately from the Applicant - completed, signed copies of your spouse/partner's **2024** Federal Tax Return Form 1040 or 1040A.
- ☐ Copies of your spouse/partner's two (2) most recent pay stubs or similar information; if a FT student, proof of current student status
- ☐ For those who are self-employed, a copy of their completed, signed **2024** Schedule C



## READ AND SIGN

**Statement of Understanding by signing below, I certify that I:**

- ☐ Have attached all applicable forms and other income source documents including pay stubs.
- ☐ Understand I must notify the Human Resources Department of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy Grant.
- ☐ Understand this is a federally legislated tax program and that, as a potential grant recipient, I am responsible for understanding and complying with the IRS guidelines.
- ☐ Certify under penalty of perjury that all statements and documentation relating to this application are true.
- ☐ Understand that incomplete or inaccurate information may adversely affect my child(ren)'s eligibility under this program up to and including repayment to Swarthmore College of any funds awarded and/or may result in disciplinary action up to and including termination.
- ☐ Agree that if I voluntarily end my employment with Swarthmore College within six (6) months of receiving the Child Care Subsidy Grant, I am obligated to reimburse the College for the full amount of the subsidy.

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**PRINT EMPLOYEE'S NAME**

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**EMPLOYEE SIGNATURE**

/ /  
**DATE**

Send this completed application and all supporting documentation  
via Interoffice Mail, US Mail, Scan/Email or drop off to:

**Swarthmore College  
HR/Benefits Department  
101 S. Chester Road  
Swarthmore PA 19081  
[benefits@swarthmore.edu](mailto:benefits@swarthmore.edu)**