University of Houston Children's Learning Centers (CLC)

Student Fees Advisory Committee (SFAC) Child Care Tuition Assistance Application

Name:	UH PeopleSoft ID:	UH PeopleSoft ID:		
Address:	City:	Zip: _		
Home Phone:	Other Phone:			
E-Mail Address:				
Status (Circle One): Freshman	Sophomore Junior	Senior	Graduate	
Enrolled Semester Hours:	Expected Graduat	ion:		
Major:				
Enrolled Child(ren)'s Name:		Age(s): _		
How many semesters have you rec	eived SFAC Financial Assista	nce?		
☐ A copy of your UH PeopleSo ☐ Semester Class Schedule ☐ A short essay explaining ho Requirements for the SFAC Assista	ow SFAC assistance will help nnce Program are:	o you reach y	our educational goals	S
 A completed application for Scholarships and Financial A 	•	ear must be	on file with the UH	
2. Applicant must have a child	enrolled at CLC.			
3. Applicant must not owe mo				
4. Applicant must be willing to	•			
5. The applicant must be in go	_			
minimum of six semester h forfeiture of the assistance.		semester no	ours may result in	
6. Students participating in a s		o. or other ex	operience that is a	
degree plan requirement ca			•	eı
hours enrolled. Applicants r	_			ł
letterhead indicating the pr	•	•	nd this letter must be	
submitted along with the To 7. Approved assistance can or				
Date:	Signature:			