

2021-2022 Postsecondary Child Care Grant Program Denial/Termination Notice

Student's Name	School ID Number
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This notice is to inform you that Postsecondary Child Care Grant for which you applied has been denied or discontinued for the following reason(s):

- Applicant receives Minnesota Family Investment Program (MFIP).
- Expected family contribution (EFC) exceed limitations.
- Applicant is not a Minnesota resident.
- Applicant does not meet the school's satisfactory academic progress requirements.
- Applicant is not in good standing as determined by the school.
- Applicant did not report a change to the financial aid office within 10 days. (Example: change of provider, income, family size, parent or legal guardian at home and available to provide child care, etc.)
- Child(ren) over age 12 or over age 14 and not disabled.
- Student is enrolled in a sectarian program.
- A parent or legal guardian is available to care for child(ren) during the time that child care is requested.
- Applicant has not been attending school. (If a student has not been enrolled for 60 days or one academic term, whichever is longer, the student loses future priority for Postsecondary Child Care Grant funds.)
- Applicant is in default on an educational student loan.
- Applicant has received Postsecondary Child Care Grant the maximum number of terms in an undergraduate or graduate program for each category.
- Applicant is using an in-eligible child care provider. (If the provider resides in the same home as the student and child, the provider is not an eligible child care provider for the Postsecondary Child Care Grant Program.)
- Other _____

If you have any questions about this notice or wish to schedule an appointment to discuss this matter, you may appeal through the school's appeal procedure. If the outcome is not satisfactory, you can request the school to submit a written appeal to the Office of Higher Education (OHE). OHE will review appeals and determine if the school's actions were in compliance with the program statutes and rules. The decision of the OHE is final. **You must first follow the school's appeal procedure before contacting the OHE.**

Name of Financial Aid Administrator	Institution Name
Signature of Financial Aid Administrator	Date (month/day/year)