# POSTSECONDARY EDUCATION INFORMATION

ND DEPARTMENT OF HUMAN SERVICES
CHILD CARE ASSISTANCE PROGRAM
SFN 113 (Rev. 3-2010)

Clear Fields

| Name |
|---|
| |

## TELL US ABOUT YOUR TRAINING

Do you have:

| | | | |
|---|---|---|---|
| Associate Degree | ☐ Yes ☐ No | Certificate of Completion | ☐ Yes ☐ No |
| Bachelor's Degree | ☐ Yes ☐ No | Postsecondary Degree | ☐ Yes ☐ No |
| Certificate | ☐ Yes ☐ No | Vocational Training | ☐ Yes ☐ No |

Are you being trained by Vocational Rehabilitation Consulting & Services, Workforce Safety & Insurance or Job Service?

☐ Yes ☐ No If yes, please attach the verification.

## TELL US ABOUT YOUR PREVIOUS TRAINING

Do you have a 2-year post secondary or vocational certificate?

☐ Yes ☐ No

Training Location

## TELL US ABOUT YOUR CURRENT SCHOOLING

| School Currently Attending | |
|---|---|
| Course of Study and Anticipated Degree, if any | |
| Length of Course | Anticipated Completion Date |

**NOTE: Class schedules must be given to your Eligibility Worker at the beginning of each term.**

## TELL US ABOUT YOUR CHILD CARE NEEDS

| How many hours of child care will you need during the month to go to school? |
|---|
| How many hours of child care will you need during the month to go to work (if working)? |

| Signature | Date |
|---|---|
| | |