



## CCAMPIS (*CHILDCARE ACCESS MEANS PARENTS IN SCHOOL*) CHILDCARE ASSISTANCE APPLICATION

### INFORMATION ABOUT CCAMPIS at STLCC (as of 1/03/2014)

1. Enrolled STLCC student applicants are considered for CCAMPIS childcare financial assistance based upon their Pell eligibility, level of financial need, and number of enrolled class credit hours. The CCAMPIS grant only covers part time child care services, this subsidy will cover 50%, 75%, or 100% of the STLCC part time hourly childcare cost (currently \$5.00/ per hour).
2. Enrolled STLCC student applicants must be Pell eligible or Pell recipients (FAFSA completed and on file with the Office of Financial Aid). The student must provide documentation of Pell status by submitting a copy of their Student Aid Report (SAR) and current "Student Schedule/Bill" (which shows FPELL or PELL status), no exceptions.
3. Please submit a completed CCAMPIS application along with the SAR and official Student Schedule/Bill, in person, to the designated CCAMPIS representative on your campus. CCAMPIS applications can be submitted two weeks before the 1st day of the semester, and during the first four weeks of the semester. Applications are accepted on a first come- first served basis. CCAMPIS-STLCC reserves the right to end enrollment at any time if all funds have been awarded for the semester. Once the completed CCAMPIS application packet is received, applicants will be notified of their status within 1-3 business days by email.
4. Childcare services are located at Florissant Valley Child Development Center and local accredited & licensed child care centers near Forest Park, Meramec, and Wildwood campuses. Use of one child care facility allowed per family.

### SECTION I DEMOGRAPHIC INFORMATION (PLEASE COMPLETE ALL AREAS)

**Student ID #:** \_\_\_\_\_

Applicant Name: First: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

**E-mail (THE AWARD LETTER WILL BE SENT TO THIS EMAIL ADDRESS):** \_\_\_\_\_

**STLCC STUDENT EMAIL ADDRESS:** \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  Native American  
 Asian  if not listed please provide here: \_\_\_\_\_

Are you currently employed:  Yes  No If yes, name of employer: \_\_\_\_\_  
 Monthly income? \_\_\_\_\_

What is your household status:  Single- head of household  Dependent – lives with parents/guardian  
 Married  Other \_\_\_\_\_

Do you receive childcare assistance through the State of Missouri or Illinois:  Yes  No

**SECTION II****ST. LOUIS COMMUNITY COLLEGE INFORMATION**

What is your major? \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Identify year in school:  1<sup>st</sup> year  2<sup>nd</sup> year or greater, what year? \_\_\_\_  Transfer Student  Other \_\_\_\_\_

Your Goal is:  2-year Degree  Certificate  Enhancement  Other \_\_\_\_\_

Number of enrolled credit hours this semester? \_\_\_\_\_

Check the semester that you are applying for childcare assistance:  Fall  Spring  Summer

Are you receiving/using a Pell Grant for this semester?  Yes  No

Have you applied for a CCAMPIS Grant before?  Yes  No If yes, when (list semester/year)? \_\_\_\_\_

If awarded CCAMPIS funds you would use it for (check all that apply):  attending class,  study time,  time in the library,  tutoring,  advising/counseling,  participation in group study projects or meetings.

**SECTION III****CHILDCARE PROVIDER INFORMATION**

Number of children being assisted by CCAMPIS? \_\_\_\_\_

**List below the names, birthdates, and age of your children (currently 6 weeks to 12 years old eligible only as of 1/03/2014) whom require CCAMPIS assistance.**

FIRST/LAST NAME OF CHILD(REN)	DATE OF BIRTH	AGE

**To receive services from this federally-funded program, the CCAMPIS-STLCC grant program requires access to student records. I (the STLCC student) therefore authorize the Childcare Access Means Parents in School Program access to my records at St. Louis Community College. This information will be held in the strictest confidence. Records include: Student financial aid information, income level, other grants received, course grades, transcripts, and other related documents.**

**I understand that this application will be considered for eligibility but does not guarantee participation in the program. The statements I have made on this initial information application form are complete and true to the best of my knowledge. Failure to disclose and submit complete and accurate information may result in the denial of acceptance and/or further participation in the CCAMPIS program.**

**If I am chosen as participant of the CCAMPIS program, I understand that regular (greater or equal to 80% of the set schedule) child care attendance and academic class attendance, participation in a CCAMPIS workshop, and participation in the CCAMPIS Blackboard group are mandatory. Also, if I am chosen as participant of the CCAMPIS program, I (the STLCC student) am responsible for payment of the remaining child care fees not covered by the CCAMPIS grant and/or other subsidies.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION IS COMPLETED BY AUTHORIZED CCAMPIS-STLCC REPRESENTATIVES ONLY.**

Verification of:  Pell Grant  STLCC Class Schedule  SAR/FAFSA Form

CCAMPIS Award:  Approved  Declined

CCAMPIS representative signature: \_\_\_\_\_ Date: \_\_\_\_\_