St. Louis Community College
Expanding Minds. Changing Lives.

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

INFORMATION ABOUT CCAMPIS at STLCC (as of 8/5/2022)

1. Applicants must be a degree seeking STLCC student currently enrolled in credit classes.
2. Applicants must meet the eligibility requirements to receive the Pell Grant as verified by the FAFSA Student Aid Report (SAR).
3. A complete CCAMPIS Application Packet must include: (1) the application form, (2) a copy of the student's FAFSA SAR, and (3) the student's current "Student Schedule" from the cashier's office.
4. Only complete packets including all these three components will be considered.
5. Applications must be submitted electronically to the CCAMPIS email address at CCAMPIS@stlcc.edu.
6. Applications are available approximately two weeks prior to the start of each semester and are considered on a first come, first serve basis (pending funding availability).
7. Applicants will be notified of their application status or award via their my.stlcc.edu email account.
8. Childcare services are located at the Florissant Valley Child Development Lab Center (CDLC) and select accredited and/or licensed childcare centers in the area.

SECTION I   DEMOGRAPHIC INFORMATION (complete all areas for application acceptance)

STLCC Student ID#: **A**_____

First Name: _____   M.I. _____   Last Name: _____

Current Address: _____

City: _____   State: _____   Zip Code: _____

Phone#: Cell: (_____) _____-_____   Alternate: (_____) _____-_____

STLCC Email Address: _____

Race/Ethnicity: _____ American Indian or Alaska Native _____ Asian _____ Black or African American

_____ Hispanic or Latino _____ Hawaiian or Other Pacific Islander _____ White _____ Two or More Races

Gender: _____ Male _____ Female

What is your household status? _____ Married _____ Not Married and Dependent on Parents

_____ Not Married and Independent

Pell Grant status for this semester: _____ Eligible _____ Receiving

Have you received a CCAMPIS Grant before? _____Yes _____No   If yes, semester & year: _____

Are you eligible to receive childcare assistance through the state of Missouri or Illinois?

_____ Yes _____ No _____Other: _____

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

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Section II   SAINT LOUIS COMMUNITY COLLEGE INFORMATION

What is your major? _____ Number of credit hours this semester? _____

Will you be involved in any of the following educational activities this semester?

_____STLCC Career Development Internship ____Federal Work-study Program

____Allied Health Practical/Clinical Experience

Identify year in school: ____ (1st, 2nd, etc.) _____ Transfer Student ____ Other _____

My goal is: ____ 2-year degree ____certificate   Expected Graduation Date: _____

Select the semester that you are applying for childcare assistance: _____

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Section III   CHILDCARE PROVIDER INFORMATION

The CCAMPIS Grant Award is paid directly to the eligible provider and not the student. **Applications will only be processed and awards will only be allocated if this information is completed with an approved childcare provider.** Visit https://stlcc.edu/student-support/personal-support/ccampis.aspx to view the list of eligible providers. If your provider is not currently eligible, please contact the CCAMPIS Grant Project Coordinator at CCAMPIS@stlcc.edu or call 314-513-4209.

Name of Approved Childcare Provider: _____

 Contact Person: _____ Contact Phone#: _____

 List names, birthdates, and age of children (eligibility 6 weeks to 12 years old) who require **CCAMPIS** assistance.

First/Last Name	Date of Birth	Age

Number of children being assisted by CCAMPIS: _____

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 a participant of the CCAMPIS program, I understand that regular (greater or equal to 80% of the set schedule) childcare attendance and academic class attendance, participation in a CCAMPIS workshop, and participation in the CCAMPIS annual survey is required. If I am chosen as a participant of the CCAMPIS program, I (the STLCC student) am responsible for payment of any remaining childcare fees not covered by the CCAMPIS grant and/or other subsidies. By signing and dating this application, I agree to the stated guidelines.

Applicant's Signature: _____ Date: _____