

Child Care Access Means Parents In School
(CCAMPIS)

Grant Application

For Students Attending
Slippery Rock University

A Program Funded by the U.S. Department of Education

Guidelines

The Child Care Access Means Parents in School (CCAMPIS) program is a federal grant funded by the U.S. Department of Education to support student-parents. The Slippery Rock University Student Government Association, a non-profit organization administers the CCAMPIS program.

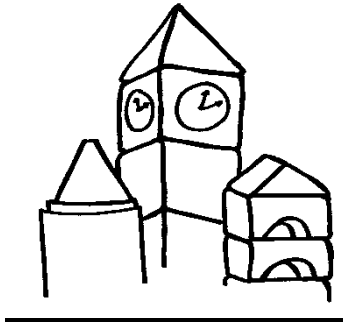
1. Applicant must be a Pell-eligible student parent.
2. A student receiving CCIS funds is not eligible for a CCAMPIS grant.
3. Applicant must have a cumulative QPA of 2.0 to apply.
4. Applicant must attend classes during the time child care services are rendered.
5. Applicant may be a full-time or part-time student.
6. SRU/SGA Preschool and Childcare Center may request proof of attendance and a copy of recent grades at any time during the academic school year.
7. Grant awards will be paid directly to the SRU/SGA Preschool and Childcare Center.
8. Grant recipient will be required to comply with the rules and regulations set forth by the SRU/SGA Preschool and Childcare Center Handbook.
9. Grant recipients will be required to attend all mandatory meetings and family oriented activities.
10. Grant recipients will be notified of acceptance within 15 days of receipt of application.
11. Return application and all required documentation to: CoOperative Activities, 214 University Union, Slippery Rock, PA 16057

**Slippery Rock University Student Government Association
Preschool and Childcare Center
Child Care Access Means Parents in School
(CCAMPIS)**

Child Care Funding Application:

The attached form is an application for child care subsidies through the CCAMPIS Program. In addition to the application, separate applications for admission to the SRU/SGA Preschool and Childcare Center must be completed.

IMPORTANT: Funding is not guaranteed. Awards are based upon the amount of space available at the center and the number of applicants who apply and qualify for subsidies.



Application Instructions

- The CCAMPIS application must be turned in to the CoOperative Activities office located at 214 University Union.
- All requested information must be completed and any documentation must be turned in at the time the application is submitted. Incomplete applications will not be processed.
- This application is valid for one academic semester.
- Please read this entire packet before completing your application.
- Applications must be completed in ink or typed.
- If you should have any questions, please call Diana Wolak at 724-738-2103.

SRU/SGA Preschool and Child Care Center
CCAMPIS Program Application

Child Care Access Means Parents in School

New Applicant

Returning Applicant

Section A (To be completed by the applicant)

Full Legal Name: _____ Date of Birth _____

SRU I.D. _____

Permanent Home Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Mailing address (if different from above address): _____ Apt # _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Telephone # _____

Race/Ethnicity: (Select one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Decline to State

Citizenship (check one): U.S. Citizen Permanent Resident (see below) Neither

1. U.S. permanent residents, holding the Alien Registration Receipt Card.
2. Permanent residents of the Trust Territory of the Pacific Islands or of the Northern Marina Islands.

If not a U.S. Citizen, what is your Alien Registration Number? _____

Indicate your year in school: Freshman Sophomore Junior Senior

Anticipated graduation date (mm/yyyy): _____

Your major: _____

Indicate the number of credits you intend to register during the upcoming quarter: _____

****All of the following information should be completed based on your FAFSA Application.****

Number of persons living in household: _____

- Female (dependent – live with parents/guardian)
- Male (dependent – live with parents/guardian)
- Female (Single head of household)
- Male (Single head of household)
- Female (Married)
- Male (Married)
- Married Couple (both attend SRU)
- Unmarried Couple (both attend SRU)

Are you going to be receiving a Pell Grant for the 09/10 School year? Yes No

Complete the following for the children you wish to receive CCAMPIS funding for:

Child's Name	Child's Age	Child's Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application packet will not be accepted until all documentation is submitted

Please include copies of the following forms:

- Financial Aid Award Notification
- Enrollment Verification (must be requested from the Academic Records office)

Once eligible, I understand that in order to remain eligible for the childcare subsidy, I will be required to:

(Initial by each statement, Initialing indicates your understanding of the agreement to the following)

_____ Provide evidence of having academic advising for each semester for which I receive a subsidy.

_____ Attend the **mandatory** parent orientation/workshops.

_____ Participate in all surveys designed to evaluate the CCAMPIS project.

_____ Maintain at least half-time enrollment.

_____ Provide a written report to the CCAMPIS coordinator of any changes in the information provided on this application within 10 calendar days of the change. Failure to report such changes could result in a forfeit of grant funds.

_____ I understand that if I do not fulfill **ALL** of my requirements, I will not receive CCAMPIS funds in the future.

23. Please read the following before signing your application:

I declare under perjury that the above information is true and correct to the best of my knowledge. I understand that the information about my eligibility may be reviewed by representatives of the Commonwealth of PA, the Federal Government, independent auditors, or others if necessary for the administration of the program. I understand that if the CCAMPIS staff denies this application for funding, I have the right to appeal. I understand that I must renew my eligibility each semester. I understand that this application is not complete until the application form has been signed and dated, and all documentation has been submitted by the applicant and verified by the CCAMPIS administration.

Applicant Signature: _____ **Date:** _____

Section B (To be completed by CCAMPIS Administration)

_____ Undergraduate Student

_____ Number of Credits Enrolled

_____ Pell Grant Recipient

_____ Citizen or Permanent Resident

QUALIFIES

DOES NOT QUALIFY

Copies Sent to:

Child Care Center _____

File _____

Amount awarded _____

Additional Comments:

CCAMPIS Administrator: _____ Date: _____

Revised: 1/4/2010