CHILD CARE ASSISTANCE APPLICATION

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

E-mail your complete application to:

childcare@utrgv.edu

INFORMATION AND GUIDELINES ABOUT CCAMPIS

Student-parent applicants are considered for childcare assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.

The CCAMPIS Program is a federal grant funded by the U.S. Department of Education to assist student-parents with the cost of full-time (Monday-Friday) child care.

- 1. Students must be receiving a PELL Grant or be PELL Grant eligible based on the Expected Family Contribution. A FAFSA must be completed and on file with the Office of Financial Aid.
- 2. The applicant must be a Full-time student.
- 3. Special classes, internship, education blocks, nursing laboratory or other such education related circumstances not meeting the criteria above will be evaluated on a case by basis.
- 4. The applicant must enroll their child (ren) at the UTRGV Child Development Center full-time Monday—Friday.
- 5. The CDC may request a copy of recent grades at any time during the academic year.
- 6. The applicant must comply with the parent policies of the Child Development Center.
- 7. The applicant must complete 7 mandatory volunteer hours per semester and attend 2 parent meetings per semester
- 8. Priority may be given to student-parents with two or more children in care.
- 9. Upon acceptance, the CDC Administration and the grant recipient shall sign an agreement outlining the responsibilities, rules and regulations of the child care grant.
- 10. CCAMPIS Grant funds are only for low-income, Pell-eligible student-parents and are contingent upon available funding.

| DEMOGRAPHIC INFORMATION | ı | ALL 2021 🗆 | |
|---|----|------------|------------|
| UTRGV ID# | _ | | |
| Applicant Name Mr. \square Mrs. \square Ms. \square | | | |
| First | MI | _ Last _ | |
| Current (Street/Mailing) Address | | | |
| City Stat | te | | Zip Code |
| Permanent Address | | | |
| CityState | | Zip Code | Country |
| Phone Numbers Day Evening _ | | Cell | |
| E-mail address (please print clearly) | | | @utrgv.edu |
| U.S. Citizen or Permanent Resident Yes \square No \square | | | |
| Non-U.S. Citizen on a Temporary Visa Yes \Box No \Box | | | |

| Ethnicity | |
|---|--|
| \square Al-American Indian or Alaska Native | \square PI-Native Hawaiian or Other Pacific Islander |
| ☐ AS-Asian | ☐ W-White |
| ☐ B-Black or African American | ☐ TM-Two or More Races |
| ☐ H-Hispanic or Latino | |
| ☐ W-White | |
| Gender Female \square Male \square | |
| Household Status | |
| ☐ M-Married | |
| \square D-Not married and Dependent of Pare | ent(s) |
| \square I-Not Married and Independent | |
| COLLEGE INFORMATION | |
| Major/Degree: | Number of Credits you are taking |
| Expected Graduation Date | GPA |
| Have you completed the FAFSA form $\ \Box$ | Yes □ No Are you receiving the Pell Grant? □ Yes □ No |
| Student Status: Undergraduate O | Graduate |
| Do you receive or have you applied for chanother organization or agency $\ \square$ Yes | hild care assistance through Workforce Solutions/Child Care Services or \square No |
| • | r child care tuition such as non-custodial parent, extended family or any other agency support? \Box Yes \Box No |
| Please list all types of financial support yo | ou receive: |
| Have you previously applied for a CCAMP | PIS Grant? Yes No If yes, when? |
| CHILD CARE PROVIDER INFORMATION | |
| Please list the names and birth dates of y assistance: | our children ages 3 months to 5 years for whom you are requesting |
| Child's Name | Child's Date of Birth (Month/Date/Year) |
| | |
| | |
| | |
| | |
| Applicant's Signature | Date |
| UTRGV ADMINISTRATION | Date |
| Award Effective | to |