UTRGV

Child Development Center

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 based on 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) childcare.

- 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 UTRGV Student.
- 3. Special classes, internships, education blocks, nursing laboratory, or other such education related circumstances not meeting the criteria above will be evaluated on a case-by-case 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 <u>seven</u> mandatory volunteer hours per semester and attend <u>two</u> parent meetings per semester.
- 8. Priority may be given to student-parents with two or more children enrolled at the CDC.
- 9. Upon acceptance, the CDC Administration and the grant recipient shall sign an agreement outlining the responsibilities, rules, and regulations of the childcare grant.
- 10. CCAMPIS Grant funds are only for low-income, Pell Grant eligible student-parents and are contingent upon available funding.

| DEMOGRAPHIC INFORMATION | | Summer I 2 | 2024 | | Summer II | 2024 |
|----------------------------------|-----------------|------------|------|----------|--------------|----------|
| UTRGV SID: | UTRGV e-mail ad | dress: | | - | @utrg | v.edu |
| □ Mr. □ Mrs. □ Ms. | | | | | | |
| Name: | Middle | Last | | | | |
| Current(Street/Mailing Address): | | | City | | State | Zip Code |
| | | | | | | |
| Permanent Address: | | City | | State | Zip Code | |

| ETHNICITY: ☐ AI— American Indian or Alaska Native ☐ AS — Asian | ☐ PI — Native Hawaiian or Other Pacific Islander ☐ W — White |
|--|---|
| □ B − Black or African American□ H − Hispanic or Latino | ☐ TM – Two or More Races |
| Gender: □ Female □ Male | |
| Household Status: ☐ Married ☐ D-Not married and Depe | endent of Parent(s) |
| COLLEGE INFORMATION: | |
| Major/Degree: | Number of Credit you are taking: |
| Student Status: ☐ Undergraduate ☐ Graduate GPA: | Expected Graduation Date: |
| Have you completed the FAFSA Form for the current school | year? ☐ Yes ☐ No |
| Are you Pell Grant Eligible? \square Yes \square No \square Did you receive a | a Pell Grant this semester? □Yes □ No |
| Have you previously applied for a CCAMPIS Grant? ☐ Yes ☐ | No If yes, when? |
| Do you receive or have applied for childcare assistance thro organization or agency? \square Yes \square No | ugh Workforce Solutions/Child Care Services or another |
| Do you receive other financial support for childcare tuition scontributions, military childcare subsidy, or any other agence | |
| Please list all types of financial support you receive: | |
| CHILD CARE PROVIDER INFORMATION: Please list the names and birth dates of your children, ages assistance: | three months to five years for whom you are requesting |
| Child's First and Last Name | Date of Birth |
| | |
| Applicants Signature: | Date: |
| Office Use Only: | |
| ward Effective Date:t | |
| TRGV Administration: | Date |