UTRGV	UTRGV Child Development Center Child Care Assistance Application CHILD CARE ACCESS MEANS PARENTS IN SCHOOL	E-mail your complete application to: ccampis@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 laboratories, 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. Please note that on Fridays, child care services for CCAMPIS students is only available from 7:30 AM to 12:00 PM. If the student is scheduled for class and/or work after 12:00 PM, exceptions may be made with proper documentation. Late pick-up fees will apply.
5. The UTRGV 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 care center where the child(ren) is/are enrolled.
7. The applicant must complete **four** mandatory volunteer hours per semester.
8. Priority may be given to student-parents with two or more children enrolled at the UTRGV CDC.
9. Upon acceptance, the UTRGV 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 2025   Summer II 2025

UTRGV SID: _____   UTRGV e-mail address: _____ @utrgv.edu

☐ Mr. ☐ Mrs. ☐ Ms.

Name: _____   _____   _____
     First   Middle   Last

Current (Street/Mailing Address): _____ _____ ____ _____
                                                 City   State Zip Code

Permanent Address: _____ _____ ____ _____
                                     City   State Zip Code

Phone Number(s) ---------------------------- _____   _____-_____-_____   _____-_____-_____
                                       Cell   Day   Evening

U.S. Citizen or Permanent Resident: ☐Yes ☐No   Non-U.S. Citizen on a Temporary Visa ☐Yes ☐No

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ETHNICITY:

☐ AI– American Indian or Alaska Native   ☐ 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

Gender: ☐ Female ☐ Male

Household Status: ☐ Married   ☐ D-Not married and Dependent of Parent(s)   ☐ I-Not married and Independent

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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? ☐ Yes ☐ No   Did you receive 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 through Workforce Solutions/Child Care Services or another organization or agency? ☐ Yes ☐ No

Do you receive other financial support for childcare tuition such as non-custodial parent, extended family contributions, military childcare subsidy, or any other agency support? ☐ Yes ☐ No

Please list all types of financial support you receive: _____

CHILD CARE PROVIDER INFORMATION:

Please list the names and birth dates of your children, ages three months to five years for whom you are requesting assistance:

Child's First and Last Name	Date of Birth

Applicants Signature: _____ Date: _____

Office Use Only:

Award Effective Date: _____ to _____

UTRGV Administration: _____ Date _____