



Off-Campus Child Care Center  
Child Care Assistance Application  
CHILD CARE ACCESS MEANS PARENTS IN  
SCHOOL

E-mail your complete application to:

[ccampis@utrgv.edu](mailto: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 an approved Off-Campus Child Care Center full time Monday-Friday.
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. Upon acceptance, the UTRGV CDC Administration and the grant recipient shall sign an agreement outlining the responsibilities, rules, and regulations of the childcare grant.
9. 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

ETHNICITY:

- ☐ AI – American Indian or Alaska Native  
☐ AS – Asian  
☐ B – Black or African American  
☐ H – Hispanic or Latino

- ☐ PI – Native Hawaiian or Other Pacific Islander  
☐ W – White  
☐ TM – Two or More Races

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? \_\_\_\_\_

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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: \_\_\_\_\_

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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 \_\_\_\_\_