

SOUTHERN UTAH UNIVERSITY
Child Care Access Means Parents in School (CCAMPIS)
Scholarship Application Form –Fall, 2015

This Form (including the 980 Form portion) is due August 17, 2015

Eligibility Requirements:

- Must be the custodial parent of a child/children needing daycare.
- Must be an SUU student currently enrolled in classes.
- Must be a citizen/permanent resident of the United States of America.
- Must be eligible to receive a Pell Grant (and have submitted a FAFSA for the current academic year).
- Must be in good academic standing with a 2.3 or higher cumulative GPA.
- Must be in good standing with the CCAMPIS program

For Office Use

Date received: _____

Received by: _____

Previously Served _____

Name: _____
Last First Middle Initial

SUU T#: _____

Address: _____
City State Zip

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Birth Date: _____ Age: _____ Gender: _____ Race/Ethnicity: _____

Are you employed? ☐ No ☐ Yes Weekly Hours Worked: _____

Is your child(ren)'s other parent(s) employed? ☐ No ☐ Yes Weekly Hours Worked: _____

Additional information about your child(ren)'s other parent(s) _____

Relationship Status: _____ Number of children: _____

Please list all members of your current household including you. Include the number of weekly daycare hours for each child.

Name	Age	Relationship to you	Occupation/# of hours Childcare needed weekly
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Do you currently receive childcare assistance or childcare subsidies (e.g. DWS)? ☐ No ☐ Yes If yes, please describe: _____

Childcare Center: _____

Director's Name: _____

Address: _____

Phone: _____

City

State

Zip

Fax: _____

E-mail Address: _____

Class Status: FR SO JR SR Other: _____ Fall '15 credits: _____

Major: _____ Credit hours completed: _____ Estimated Graduation date: _____

Cumulative GPA: _____

Is your child(ren)'s other parent(s) enrolled in classes at SUU? ☐ No ☐ Yes If yes, please provide the following information about your child(ren)'s other parent(s):

Class Status: FR SO JR SR Other: _____ Fall '15 credits: _____

Major: _____ Credit hours completed: _____ Estimated Graduation date: _____

T#: _____ Cumulative GPA: _____

CCAMPIS scholarship awards provide financial assistance for childcare costs. Awards are made using a sliding scale that incorporates information about a student's financial resources and academic course load. Awards are determined by the sources available in the grant combined with financial need. The total number of hours that may be subsidized ranges from 20-30 hours weekly per child.

Participation Requirements:

- Spend four hours per month volunteering at your child's childcare facility. Volunteer work may also be completed in other settings that support families and children. Volunteer hours may also be spent volunteering with your child(ren) in any setting.
- Remain in good financial standing with your child's childcare facility.
- Participate in monthly educational parent event or a family involvement outing/event.

I certify that the information provided on this application is true and complete. I authorize information regarding my scholarship application, academic record, and financial aid award to be released to the SUU CCAMPIS staff and the Center for Women and Families. I understand that the CCAMPIS staff may require additional documentation to verify the completion or accuracy of this application, and I agree to the release of such information and documentation.

Signature: _____ Date: _____

Please provide a written statement describing personal information (e.g. financial need, medical need, childcare need, extenuating circumstances, etc.) that you would like the CCAMPIS Committee to consider when reviewing your application.

Southern Utah University Center for Women and Families Child Care Subsidy Worksheet

COMPLETE THIS WORKSHEET WITH YOUR CHILD CARE PROVIDER. YOU MUST BE ENROLLED IN CLASSES FALL SEMESTER, 2015 TO BE ELIGIBLE FOR THE GRANT.

Notes and/or
Date Stamp

PROVIDER'S INFORMATION	Parent's Name:		T Number:			
	Day Care's Name:					
	Day Care's Address:					
	Day Care's Phone #:		Email:			
	Month	SEP 2015	OCT 2015	NOV 2015	DEC 2015	
	Child 1 – Name:					
	MONTHLY hours in child care					
	MONTHLY charge for child care	\$	\$	\$	\$	
	Child 2 – Name:					
	MONTHLY hours in child care					
	MONTHLY charge for child care	\$	\$	\$	\$	
	Child 3 – Name:					
	MONTHLY hours in child care					
	MONTHLY charge for child care	\$	\$	\$	\$	
	Provider's Signature:		Date:			

Any changes in the number of hours per child; or any child no longer attending day care; or changes in provider should be reported immediately to the Center for Women and Families, 435 865 8752.

CWF DIRECTOR	Parent Participation Effective Date:	SEP	OCT	NOV	DEC
	MONTHLY Volunteer hours				
	MONTHLY Parent Involvement				
	CWF Director's Name:		Phone #: 435 865 8752		
	Email: thompson@emeriti.suu.edu				
CWF Director's Signature:		Date:			

This Child Care Subsidy Worksheet is not a contract nor a guarantee of payment by the CCAMPIS grant.