



**CCAMPIS APPLICATION**  
CHILD CARE ACCESS  
MEANS PARENTS  
IN SCHOOL

Return to:  
Program Manager, CCAMPIS Grant  
Burrier 102  
521 Lancaster Rd.  
Richmond, KY 40475

Phone 859-622-1166

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

**Eligibility Guidelines:**

- Undergraduate 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.
- Graduate/Professional and International students enrolled at EKU may be eligible to receive CCAMPIS assistance pending verification of eligibility and Expected Family Contribution.
- Child care services must be at the Burrier Child Development Center, Eastern Scholar House, or an approved CCAMPIS provider.

**Program Expectations:**

- Attend one parent workshop/Parent Cafe each semester
- Attend one Student Parent Support Group each semester
- Attend at least one academic counseling session each academic year
- Pay monthly co-payment for child care provided (if applicable)
- Submit a pre-term and post-term evaluation
- Maintain good academic progress each term (GPA of 2.0 or higher)

If you are interested in childcare through our program, please fill out the application on the following pages completely and return with additional required forms to the address above.

**SECTION I – DEMOGRAPHIC INFORMATION**

EKU ID # \_\_\_\_\_ • New Applicant • Returning Applicant

Applicant Name • Mr. • Mrs. • Ms. First \_\_\_\_\_ Last \_\_\_\_\_

Spouse/Parent Name • Mr. • Mrs. • Ms. First \_\_\_\_\_ Last \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address (EKU email) \_\_\_\_\_ (personal email) \_\_\_\_\_

Gender: • Male • Female Are any parents veterans or members of the military? • Yes • No

Household Status: • Married. • Not Married and Independent • Not Married & Dependent of Parent (s)

Are you a citizen of the US? • Yes • No If no, what is your status? \_\_\_\_\_ Country \_\_\_\_\_

## SECTION II – COLLEGE INFORMATION

Major \_\_\_\_\_ College \_\_\_\_\_

Cumulative Credits to Date \_\_\_\_\_ Current Enrolled Credits \_\_\_\_\_

Expected Graduation Date (mm/yyyy) \_\_\_\_\_ Current GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Have you completed a FAFSA form? • Yes • No Are you receiving a Pell Grant? • Yes • No

Student Status: • Undergraduate • Master's Degree • PhD • Professional School

Are you a transfer student? • Yes • No If yes, from where are you transferring? \_\_\_\_\_

Name of Parent Affiliated with EKU \_\_\_\_\_

Is your spouse/partner a student? • Yes • No If yes, at what college/university? \_\_\_\_\_

Are you the first to attend college in your family? • Yes • No

## SECTION III – CHILD CARE PROVIDER INFORMATION

Does your child currently receive child care? • Yes • No If yes, where? \_\_\_\_\_

Are you currently receiving child care assistance through the Kentucky Child Care Assistance Program? • Yes • No

Is your child enrolled at the Burrier Child Development Center or Eastern Scholar House? • Yes • No

Do you receive other financial support for child care tuition such as non-custodial parent, extended family contributions, military child care assistance, or any other agency support? • Yes • No

Complete the following for the children you wish to receive CCAMPIS funding for:

Please list the names and birth dates of the children in your household (between the ages Infant – 5 years) for whom you are requesting assistance.			For Program Use Only
Child's Name	Child's Date of Birth (month/date/year)	Child's Age	Monthly Cost to Parent

Total number of persons living in household (child and adults, including yourself): \_\_\_\_\_

## SECTION IV – FINANCIAL INFORMATION

Income Source	Self	Spouse/Partner
Grants		
Loans		
Public Assistance		
Income from Work	\$ _____/month OR \$ _____/year	\$ _____/month OR \$ _____/year
<b>Other Sources of Income:</b> \$ _____ Family Funding \$ _____ Child Support \$ _____ SSI \$ _____ Unemployment \$ _____ Alimony \$ _____ Other		
<b>Other Current Received Services • KY CCAP. • TANF. • Medical. • WIC. • Preschool for All/Prevention Initiative</b>		

## SECTION V – CCAMPIS Letter of Agreement

In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must complete all program requirements within the contract year in order to continue receiving services.

Please initial that you have read, understand and agree to the following:

\_\_\_\_\_ I understand that the goal of the CCAMPIS program is to assist me with child care expenses so that I can remain enrolled at ECU, and persist towards earning my degree

\_\_\_\_\_ My participation in the program is dependent upon my successful completion of semester credits on a consistent basis towards earning my degree

\_\_\_\_\_ If I drop/add classes during any given semester, I agree to contact the Center for Student Parents immediately.

\_\_\_\_\_ I understand I am immediately responsible for 100% of all child care fees charged by the center if I withdraw as a student from ECU.

\_\_\_\_\_ I understand that I will be required to complete regular program evaluations and this is essential to my ongoing funding through the CCAMPIS program.

\_\_\_\_\_ I understand I am required to attend one academic counseling session, one parenting workshop/Parent Cafe, one Student Parent Support Group meeting per semester that I am enrolled in the CCAMPIS program

\_\_\_\_\_ I understand and give permission for Project Coordinator, CCAMPIS to access my personal financial and academic information through the ECU Student Financial Aid and Registrar's Office to determine eligibility of enrollment in the CCAMPIS program.

\_\_\_\_\_ I understand that aggregate information, but no personal information will be shared with the U.S. Department of Education in Washington D.C., who funds this program

\_\_\_\_\_ I agree to complete a post ECU graduation survey, even after my child is no longer receiving services through ECU Early Childhood Programming pertaining to program evaluation including but not limited to my employment, income, and quality of care/services

\_\_\_\_\_ I understand and give permission for ECU to access information on my child's academic progress from childcare providers.

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and accurate to the best of my knowledge. I understand and accept the obligations of the program and will provide a written report to the Project Coordinator, CCAMPIS Grant of any changes in the information provided on this application within 10 days of the change. If I do not, I understand that I am financially responsible for all child care tuition costs charged by the child care center. Changes may include, but are not limited to my ECU enrollment, credit hours, and ECU financial status.

Signature

Date:

Forms to Submit:

• CCAMPIS Application • Financial Aid Award Letter • Class Schedule • Work Schedule