



CHILD CARE ASSISTANCE APPLICATION

CCAMPIS CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

PROGRAM INFORMATION

Academic Year 20 ____ -20 ____

New CCAMPIS Applicant: Returning CCAMPIS Applicant:
 Semester applying for: Fall 20____ Spring 20____ Summer 20____

Do you have a child currently enrolled in a child care program? Yes No

Have you received an acceptance letter from the child care program for the semester in which you are applying for the subsidy? Yes No

If you answered yes, please provide the following information:

Name of child care: _____

Address: _____

Phone Number: _____

DEMOGRAPHIC INFORMATION

| | | | | | |
|--|---|--|-----------------|----------|----------------|
| Last | | First | | M.I. | CWID |
| Full Name | | | | | Date of Birth: |
| Address | | | | | SS# |
| City | | | State | Zip code | |
| Cell phone | Permission to text? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Alternate phone | | |
| ULM E-mail | | | Personal E-mail | | |
| Ethnicity: | | | | | |
| <input type="checkbox"/> AI-American Indian or Alaska Native | | <input type="checkbox"/> PI-Pacific Hawaiian or other Pacific Islander | | | |
| <input type="checkbox"/> AS-Asian | | <input type="checkbox"/> W- White | | | |
| <input type="checkbox"/> B-Black or African American | | <input type="checkbox"/> TW-Two or more Races | | | |
| <input type="checkbox"/> H-Hispanic or Latino | | | | | |

| | |
|---|--|
| Gender: <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female | Are you a First-Generation student? <input type="checkbox"/> Yes <input type="checkbox"/> No (at least one of my parents has a 4 yr degree) |
| Household Status: <input type="checkbox"/> M-Married <input type="checkbox"/> D-Not married and Dependent of Parent(s) <input type="checkbox"/> I-Not Married and Independent Parent 2- Is Parent 2 Enrolled at ULM? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Military Status: <input type="checkbox"/> Active duty in the U.S. Armed Forces <input type="checkbox"/> Veteran of the U.S. Armed Forces <input type="checkbox"/> National Guard <input type="checkbox"/> U.S. Armed Forces Reserves <input type="checkbox"/> Not applicable | |
| Place of Employment: | Work Phone: |
| Annual Salary: | Number in Household: |

COLLEGE INFORMATION

| | |
|--|---|
| Major/Degree: | Semester Hours (#) this Session: |
| Expected Graduation Date: | GPA: |
| Student Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate | Classification: |
| Have you completed a FAFSA form? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you previously applied for a CCAMPIS grant? <input type="checkbox"/> Yes; when? _____ <input type="checkbox"/> No |
| Pell Grant Status: <input type="checkbox"/> R-Receiving Pell Grant <input type="checkbox"/> E-Eligible but not receiving Pell Grant <input type="checkbox"/> LIG-Low Income Grad Student <input type="checkbox"/> LIF-Low Income Foreign Student | |

CHILD’S/CHILDREN’S INFORMATION

| | | | |
|---|--|------|--|
| *Please, only provide information for the child/children that will be enrolled in child care for the semester in which you are applying | | | |
| Full Name Last First M.I. | | | Nickname: |
| Date of Birth | | Age | Gender <input type="checkbox"/> F-Female <input type="checkbox"/> M-Male |
| This child qualifies for <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced lunch | | | |
| Second Child | | | |
| Full Name Last First M.I. | | | Nickname: |
| Date of Birth | | Age | Gender <input type="checkbox"/> F-Female <input type="checkbox"/> M-Male |
| This child qualifies for <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced lunch | | | |
| Third Child | | | |
| Full Name Last First M.I. | | | Nickname |
| Date of Birth | | Age: | Gender: <input type="checkbox"/> F-Female <input type="checkbox"/> M-Male |
| This child qualifies for <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced lunch | | | |
| Fourth Child | | | |
| Full Name Last First M.I. | | | Nickname |
| Date of Birth | | Age: | Gender: <input type="checkbox"/> F-Female <input type="checkbox"/> M-Male |
| This child qualifies for <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced lunch | | | |

Carefully read the next page and check each box

CONFIRMATION

| |
|---|
| <input type="checkbox"/> I am a current student at the University of Louisiana Monroe, and I am enrolled in classes this semester. |
| <input type="checkbox"/> I have answered the questions truthfully with regard to income resources and student status to the best of my knowledge. |
| <input type="checkbox"/> I understand that it is my responsibility to notify the University of Louisiana Monroe and the ULM TRIO Step-by-Step Child Development Program of any changes in the information I provided in this application. |
| <input type="checkbox"/> I understand that if awarded, the ULM TRIO Step-by-Step Child Development Program will be contacting my provider regarding my child's schedule and rates to implement CCAMPIS funding. |
| <input type="checkbox"/> I understand that it takes time to process this application and it is my responsibility to pay my child care tuition on time regardless of when the CCAMPIS Child Care subsidy gets to my child care provider. |
| <input type="checkbox"/> I understand that I will be required to complete a survey designed to evaluate the ULM CCAMPIS project. |
| <input type="checkbox"/> I understand that each semester I am receiving the ULM CCAMPIS Child Care subsidy I must: <ul style="list-style-type: none"> • demonstrate good academic standing, GPA 2.0 • submit verification within 10 working days of the beginning of the semester of meeting with my academic advisor to develop and maintain an academic plan ensuring I remain on target for degree completion, • complete by mid-term a minimum of 1 Parent Workshop <i>and</i> 1 Financial Literacy Training (provided by TRIO) and complete the associated Evaluation for each, AND • participate in at least one ULM TRIO Step-by-Step Child Development Program approved family event (needs to be completed 2 weeks before the last day of class). |
| <input type="checkbox"/> I understand that I may lose my subsidy award and/or become ineligible for future awards: <ul style="list-style-type: none"> • if I am no longer Pell-grant eligible • if I am no longer enrolled fulltime at ULM • if I fail to remain in good academic standing • if I fail to provide verification of meeting with my TRIO academic advisor to develop an academic plan. • if I fail to participate in at least one ULM TRIO Step-by-Step Child Development Program approved family event |
| <input type="checkbox"/> I understand that I must apply each semester for consideration of the ULM CCAMPIS Child Care subsidy. |
| <input type="checkbox"/> I understand that by submitting this application electronically, I agree to the same terms that apply to a signed application. |

STATEMENT OF AGREEMENT AND CONSENT

I, _____, understand that the information collected from this application will be used to help determine my eligibility for the CCAMPIS Child Care subsidy and is strictly confidential. I authorize the ULM TRIO Program to access my ULM grade reports, financial aid award notices, health records (if necessary), and any other information from my academic records pertaining to the CCAMPIS Child Care subsidy. I understand that all information will be kept confidential. _____ (Initial) I grant permission to use photographs, quotes, academic accomplishments, statements and/or print my and/or my child's/children's' first and last name in any and/or all publications for the ULM TRIO Program.
 _____ (Initial) I certify that the information on this application and any additional documents are true, complete and accurate to the best of my knowledge.

| | |
|---|-------------------------|
| Print Name _____ Signature _____ Note—a physical signature is required for this application | Date _____ _____ |
|---|-------------------------|

For Office Use Only:

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|---|--|
| Academic Status: <input type="checkbox"/> E-Enrolled <input type="checkbox"/> G-Graduated <input type="checkbox"/> T-Transferred <input type="checkbox"/> W-Withdrew | CCAMPIS Participation Status: <input type="checkbox"/> EPC-Enrolled Participating CCAMPIS <input type="checkbox"/> EDPC-Enrolled But Declined CCAMPIS Participation <input type="checkbox"/> WFCP-Withdrew From CCAMPIS Participation |
| Years Taken to Transfer/Completion: (While receiving CCAMPIS funded services) <input type="checkbox"/> Years to transfer (from 2 year institution to 4 year institution) <input type="checkbox"/> Graduate (while receiving CCAMPIS funded service) | Degree/Certificate: <input type="checkbox"/> C-Certificate/Diploma <input type="checkbox"/> AA-Associate's <input type="checkbox"/> BA-Bachelor's <input type="checkbox"/> TC-Teaching Credentials <input type="checkbox"/> MS-Master's Degree |

Mail or Delivery Application to

ULM TRIO Programs—CCAMPIS
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 University of Louisiana Monroe
 700 University Avenue
 Monroe, LA 71209
 318.342.1097