



# CCAMPIS APPLICATION

Return to: 468 North Ken Gray Parkway | Ina, IL 62846

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:

- Child care services may be provided by the Rend Lake College Children’s Center or another licensed provider.

### Program Requirements:

- Must apply for CCR&R (Child Care Resource and Referral) funding and receive a confirmation letter or denial letter from CCR&R before applying for CCAMPIS funding.
- Attend one parent orientation and workshop per semester, to be completed no later than three weeks from the date of CCAMPIS approval.
- Attend at least one academic counseling session per semester.
- Submit a pre-term and post-term evaluation.
- Maintain good academic progress each term (GPA of 2.0 or higher).
- Must be at least a half-time student at Rend Lake College who is working towards earning a degree or certificate.
- Must be Pell Grant eligible.
- If needed, use resources available through Rend Lake College in order to best serve my child(ren).

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 listed above.

## SECTION 1 – DEMOGRAPHIC INFORMATION

New Applicant       Returning Applicant      Warrior Tag Number: \_\_\_\_\_

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

Spouse/Partner Name:  Mr.  Mrs.  Ms. First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: Personal: \_\_\_\_\_

Warriormail: \_\_\_\_\_

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Race/Ethnicity:  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Hawaiian or Pacific Islander  Caucasian  Prefer not to disclose

Gender:  Female  Male  Prefer not to disclose

Are any parents' veterans or members of the military?  Yes  No

What is your household status?  Married  Single  Prefer not to disclose

Are you a citizen of the U.S.?  Yes  No

If not, what is your status? \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**SECTION II – COLLEGE INFORMATION**

What semester are you applying for? \_\_\_\_\_

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

When is your expected graduation date? \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Have you completed a FAFSA form?  Yes  No

Are you receiving a Pell Grant?  Yes  No

Student Status:  Full-Time  Three-Quarters Time (9-11 Hours)  Half-Time (6-9 Hours)

Educational Goal:  AA  AS  AAS  Certificate  Transfer

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

**SECTION III – CHILD CARE PROVIDER INFORMATION**

Does your child(ren) currently receive child care?  Yes  No

If yes, where? \_\_\_\_\_

Are you currently receiving child care assistance through the Department of Human Services?  Yes  No

Do you receive other financial support for child care tuition, e.g., non-custodial parent, extended family contributions, military child care assistance, tribal child care subsidy, or any other agency support?

Yes  No

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Complete the following for the child(ren) you are requesting to receive CCAMPIS funding for:

Please list the name(s) and the birth date(s) of the child(ren) in your household for whom you are requesting assistance.				For Program Use Only
Child(ren) Name(s)	Child(ren) Birth Date(s)	Child(ren) Age(s)	Days you are requesting care for	Monthly Cost to Parent
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	

Total number of persons living in household (child(ren) and adult(s) including yourself): \_\_\_\_\_

How did you hear about the CCAMPIS program? (check all that apply)

- Another Student  
  Faculty/Staff Member  
  Flyer/Poster on Campus  
  Facebook  
 Children’s Center Staff  
  Campus Wide Email  
  Other \_\_\_\_\_

**SECTION IV – 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 Rend Lake College, and persists toward earning my degree/certificate.

\_\_\_\_\_ 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 classes and fall below my present enrollment status, I agree to contact the CCAMPIS Program Director immediately.

\_\_\_\_\_ I understand I am immediately responsible for 100% of all child care fees charged by my child care provider if I withdraw as a student from Rend Lake College.

\_\_\_\_\_ 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 orientation and workshop per semester that I am enrolled in the CCAMPIS program.

\_\_\_\_\_ I understand I am required to apply for CCR&R (Child Care Resource and Referral) funding before I apply for CCAMPIS funding.

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\_\_\_\_\_ I understand and give permission for RLC CCAMPIS to access my personal financial and academic information through the RLC Student Financial Aid and Student Records 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 maintain good academic standing (67% completion credits attempted, and a 2.0 GPA or higher) as well as attending my classes on a regular basis.

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 CCAMPIS Project Director 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 my child care provider. Changes may include, but are not limited to my enrollment, credit hours, and financial status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forms to submit checklist:

- Class Schedule
- Work Schedule (if applicable)
- Student ID
- Unofficial Transcripts