CCAMPIS *(CHILDCARE ACCESS MEANS PARENTS IN SCHOOL)*

CHILDCARE ASSISTANCE APPLICATION _____

INFORMATION ABOUT CCAMPIS at Jefferson College (as of 11/22/2021)

1. Enrolled Jefferson College (JC) student applicants are considered for CCAMPIS childcare financial assistance based upon their pell eligibility and level of financial need. The CCAMPIS grant only covers childcare services. This subsidy could cover up to 100% of the current childcare rates charged after all other credits (state subsidy) have been applied.

2. Enrolled JC student applicants must be Pell eligible or Pell recipients (FAFSA completed and on file with the Office of Student Financial Services). Students will be required to provide a current "Student Schedule/Bill" (which shows fpell or pell status), no exceptions. The Office of Student Financial Services will verify the student's Pell status.

3. Please submit a completed CCAMPIS application along with an official Student Schedule/Bill, in person, to the designated CCAMPIS representative Stephanie Cage (Director of the Child Development Center). CCAMPIS applications can be submitted within the first two weeks of the semester, and will be reviewed on a first come first serve basis, and throughout the semester until funds are exhausted. CCAMPIS – JC reserves the right to end enrollment at any time if all funds have been awarded for the semester. Once the completed CCAMPIS application is received, applicants will be notified of their eligibility status within 1-3 business days via your Jeffco email address.

4. Childcare services are located at the Jefferson College Child Development Center at the Hillsboro Campus.

SECTION I   DEMOGRAPHIC INFORMATION (PLEASE COMPLETE ALL AREAS)

Student ID number: V_____

Applicant Name: First: _____M.I._____Last:_____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day ( )____-_____   Evening: ( )____-_____ Cell ( )____-_____

JC STUDENT EMAIL ADDRESS (THE AWARD LETTER WILL BE SENT TO THIS EMAIL ADDRESS):
_____

Race/Ethnicity: ☐Black(African-American) ☐Caucasian(White)☐Hispanic/Latin American ☐ Asian
☐Native American/Alaskan ☐Hawaiian Ntv/Pacific Islndr ☐ Nonresident Alien ☐Resident Alien ☐Other

☐Unknown ☐ if not listed please provide here: _____

Are you currently employed: ☐ YES   ☐NO If yes, name of employer: _____

Monthly income? _____

What is your household status: ☐ Single – head of household ☐ Dependent – live with parents/guardian ☐ Married
☐Other if not listed please provide here: _____

Do you receive childcare assistance through the state of Missouri: ☐ YES   ☐NO

SECTION II   JEFFERSON COLLEGE INFORMATION

Program of Study _____ Expected Graduation Date: _____

Identify year in school: ☐ 29 credit hours or less ☐ 30 or more credit hours _____ ☐Transfer Student☐Other

Your goal is: ☐ 2 year degree ☐Certificate ☐Enhancement ☐ Other_____

Number of enrolled credit hours this semserter: _____

Check the semester that you are applying for childcare assistance:☐ Fall   ☐Spring   ☐Summer

Are you receiving/using a Pell Grant for this semsester? ☐ Yes ☐No

Have you applied for a CCAMPIS grant before? ☐ Yes ☐No If yes, when(list semseter/year)_____

SECTION III CHILDCARE PROVIDER INFORMATION

Number of children being assisted by CCAMPIS:_____

List below the names, birthdates, and ages of your children <u>(currently 2 years to 12 years old eligible only as of 11/22/2021)</u> whom require CCAMPIS assistance.

FIRST/LAST NAME OF CHILD	DATE OF BIRTH	AGE

<u>INITIAL AND SIGN</u>

____**To receive services from this federally funded program, the CCAMPIS –JC grant program requires access to student records. I (the JC student) therefore authorize the Childcare Access Means Parents in School program access to my records at Jefferson College. This information will be held in the strictest of confidence. Records include: student financial aid information, income level, other grants received, course grades, transcripts, and other related documents.**

____**I understand that this application will be considered for eligibility but does not guarantee participation in the program. The statements I have made on this initial information application form are complete and true to the best of my knowledge. Failure to disclose and submit complete and accurate information may result in the denial of acceptance and/or further participation in the CCAMPIS program.**

____**If I am chosen as a participant of the CCAMPIS program, I understand that regular (greater or equal to 80% of the set schedule) childcare attendance and academic class attendance, participation in a CCAMPIS parent workshop, and participation in the CCAMPIS Canvas group are mandatory. Also, if I am chosen as a participant of the CCAMPIS program, I (the JC student) am responsible for payment of the remaining childcare fees not covered by the CCAMPIS grant and/or other subsidies.**

Applicant's Signature: _____ Date:_____

THIS SECTION COMPLETED BY AUTHORIZED CCAMPIS-JC REPRESENTATIVES ONLY

Verification of: ☐ **Pell Grant** ☐**JC class schedule** ☐**SAR/FAFSA Form**

CCAMPIS Award: ☐**Approve** ☐**Declined**

CCAMPIS representative signature:_____ Date:_____