



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

Return to:  
Center for Student Parents  
Rowlett 115  
521 Lancaster Rd.  
Richmond, KY 40475  
Phone: (859) 622-6684

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/Partner 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:  Female  Male 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 U.S.?  Yes  No If not, what is your status? \_\_\_\_\_ Country \_\_\_\_\_

**SECTION II – COLLEGE INFORMATION**

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

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

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

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? If yes, from where are you transferring? \_\_\_\_\_

Name of Parent Affiliated with ECU \_\_\_\_\_

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:<br>Please list the names and birth dates of the children in your household (between the<br>ages 2 – 5 years) for whom you are requesting assistance. |   |             | For Program Use only    |
|---|---|-------------|-------------------------|
| Child's Name  | Child's Date of Birth<br>(month/day/year) | Child's Age | Monthly Cost to parents |
|   |   |             |                         |
|   |   |             |                         |
|   |   |             |                         |
|   |   |             |                         |

Total number of persons living in household (children 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 |
| Other Sources of Income:   | \$ _____ Family Funding          | \$ _____ Child Support           |
|  | \$ _____ Unemployment            | \$ _____ Alimony                 |
|  |                                  | \$ _____ SSI                     |
|  |                                  | \$ _____ Other                   |
| Other Current Received Services: <input type="checkbox"/> KY CCAP <input type="checkbox"/> TANF <input type="checkbox"/> Medical <input type="checkbox"/> WIC <input type="checkbox"/> Preschool for All/Prevention Initiative |                                  |                                  |

### 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 ECU Center for Student Parents 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 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 ECU Center for Student Parents 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