

Child Care Access Means Parents In School (CCAMPIS)

Grant Application

**FOR STUDENTS ATTENDING
MANOR COLLEGE
METROPOLITAN CAREER CENTER**

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**A PROGRAM FUNDED BY THE U.S. DEPARTMENT OF EDUCATION**



**IN PARTNERSHIP WITH  
FAMILY CARE SOLUTIONS, INC.**

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Child Care Grant Guidelines

The **Child Care Access Means Parents In School (CCAMPIS)** program is a federal grant funded by the U.S. Department of Education to support student-parents. Family Care Solutions, Inc. (FCS), a nonprofit organization administers the CCAMPIS program on behalf of Manor College and Metropolitan Career Center.

1. Applicant must be a Pell-eligible student parent.
2. A student receiving child care subsidy from the state of Pennsylvania is not eligible for a CCAMPIS Grant.
3. Generally, only one child care grant will be awarded per family.
4. Applicant must have a cumulative G.P.A. of 2.0 to apply.
5. Applicant must attend classes during the time child care services are rendered; i.e. day care, evening care, week-end care, before or after-school care.
6. Applicant may be a full-time or part-time student. Part-time students must register for at least 9 credits.
7. FCS may request proof of attendance and a copy of recent grades at any time during the academic school year.
8. Grant awards will be paid directly to an approved accredited child care provider or provider working towards accreditation.
9. The grant recipient will be required to comply with the rules and regulations of the participating child care facility.
10. Partners identified in this application, FCS and the members of the FCS Board of Directors are not responsible for the services or activities provided by the child care provider.
11. Upon acceptance, FCS and the grant recipient shall sign an Agreement outlining the responsibilities, rules, regulations, and liabilities of the child care grant.
12. Recipients are required to attend two workshops and perform 12 hours of community service per academic year.
13. The partners identified in this application and/or FCS has the right to forfeit the award at anytime if there is reason to believe the student is not attending school during the time child care services are rendered or is otherwise not following the rules in the child care grant agreement.
14. Grant recipients will be notified of acceptance within 30 days of receipt of application.
15. Return applications to the appointed office at your institution.

Manor College, Office of Development
215-885-2360 x216

Metropolitan Career Center, Office of Student Affairs
215-568-9215 ext. 307

Child Care Grant Application

(Please type or print clearly)

CCAMPIS # _____

Date received: _____

SECTION I PERSONAL INFORMATION

Student ID # (last 4 of SS): _____

1. Applicant Name: Mr. Ms. First: _____ M.I. _____ Last: _____
2. Current Address: _____
City: _____ State: _____ Zip Code: _____
3. Permanent Address: _____
City: _____ State: _____ Zip Code: _____
4. Phone: Day () _____ Evening () _____ Cell () _____
5. E-mail Address: _____
6. Are you head of household? Yes No Are you a dependent student/ live with parents or guardians? Yes No
7. Date of Birth: ____/____/____
8. Marital Status: _____ If married, does both parents attend same institution? Yes No
9. Child's Name _____ DOB: ____/____/____
10. Are you currently employed? Yes No If yes, name of employer: _____
Supervisor's name: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
11. Are you planning to work while attending college? Yes No How many hours per week? _____
12. Ethnicity (optional): Caucasian African-American Latino Asian Other (specify): _____
13. Have you applied for a FCS Scholarship or CCAMPIS Grant before? Yes No If yes, when? _____

SECTION II COLLEGE INFORMATION

14. Name of College: _____ Expected Graduation Date _____
15. What is your major? _____ GPA: _____
16. Identify year in school: Freshman Sophomore Junior Senior
17. Last high school attended: _____ Year Graduated: _____
18. Do you need child care for (check all that apply): Fall term Winter term Spring term
Summer session I Summer session II
19. Are you enrolled as a full-time or part-time student? _____
20. How many credits are you registered for? _____
21. Will you be attending classes in the evening (after 5:00pm)? Yes No How many days per week? _____

SECTION III CARE PROVIDER INFORMATION

22. Do you need: Day care services Yes No After-school care Yes No Evening care Yes No

23. Who cares for your child(ren)? Self Family member Friend/neighbor

Family Day Care provider (up to 6 children) Group Day Care provider (up to 12 children)

Day Care Center (more than 12 children) Other _____

24. Name of child care provider: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

25. How long has your child been enrolled in this program? _____

26. Is this a nationally accredited (i.e. NAEYC, NAFCC) licensed child care program? Yes No

27. If no, are you willing to move your child to an accredited child care facility or one who is working on accreditation? Yes No

28. Would you prefer child care near your home or school? _____

SECTION IV CHILD CARE ASSISTANCE INFORMATION

29. How much do you pay for child care per week? _____

30. Do you receive subsidized child care from the Department of Public Welfare or another organization or agency? Yes No

31. Have you applied for subsidized child care? Yes No; If yes, how long have you been on the waiting list? _____

32. Do you currently receive TANF, Welfare-to-Work, or any government funding? Yes No

The following items must accompany this application:

- **A copy of your most recent transcript or report card for high school students.**
- **An essay describing, "How this Child Care Scholarship will Help Me to Pursue a College Degree". The essay should be typed and double-spaced, 1 to 2 pages in length.**
- **Financial Aid Information Form (to be submitted to your financial aid officer; do not send this form to FCS)**

TO BE COMPLETED BY CCAMPIS REPRESENTATIVE

FOR OFFICIAL USE ONLY

I certify that I have reviewed this application and verified that the student applicant is Pell eligible. Under the agreement of the consortium, I declare that this student applicant is qualified, and therefore is approved to receive the CCAMPIS Grant.

Authorized Official: _____ Title: _____ Phone: _____

Signature _____ Date _____

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and correct to the best of my knowledge. I also give the intermediary of this application permission to disclose any information to Family Care Solutions, Inc., the corresponding agency, for the purposes of administering the CCAMPIS Grant program.

Signature: _____

Date: _____

FINANCIAL AID INFORMATION FORM

Applicant Name: First: _____ M.I. _____ Last: _____

Social Security # _____ Date of Birth: ____/____/____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day () _____ Evening () _____ E-mail: _____

Name of Institution: _____ Expected Graduation Date _____

Major: _____ GPA: _____

Classification: Freshman Sophomore Junior Senior

Are you enrolled as a full-time or part-time student? _____ How many credits are you registered for? _____

TO BE COMPLETED BY FINANCIAL AID OFFICER

FOR OFFICIAL USE ONLY

1. Number of credits student is enrolled for: Fall term: _____ Winter term: _____ Spring term: _____

2. Student has completed FAFSA Form: Yes No

3. Student is eligible for a federal Pell Grant: Yes: Indicate annual amount: \$ _____ No

4. Student's nine-month federal Expected Family Contribution (EFC): \$ _____

5. Student's total cost of attendance for academic year: \$ _____

6. Number of legal dependents student has according to federal guidelines: _____

Print Name: _____ Signature _____ Date _____

Note to CCAMPIS Representative:

Please retain this form in your office. Do not send to Family Care Solutions.