TRiO

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

PROGRAM INFORMATION   **Academic Year 20___-20___**

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/sitter** _____   **Address:** _____   **Phone Number:** _____

DEMOGRAPHIC INFORMATION   (Parent 1)

Last First M.I.		CWID
Full Name		
Address		**Date of Birth:**
		SS#
City	**State**	**Zip code**

	Permission to text? ☐ Yes ☐ No	
Cell phone		**Alternate phone**
ULM E-mail		**Personal E-mail**

Ethnicity:

☐ **AI**-American Indian or Alaska Native   ☐ **PI**-Pacific Hawaiian or other Pacific Islander

☐ **AS**-Asian   ☐ **W**- White

☐ **B**-Black or African American   ☐ **TW**-Two or more Races

☐ **H**-Hispanic or Latino

	Are you a First-Generation student?
Gender: ☐ **M**-Male ☐ **F**-Female	☐ Yes ☐ No (at least one of my parents has a 4 yr degree)

Household Status:

☐ **M**-Married (If married complete Demographic Information for parent 2)

☐ **D**-Not married and Dependent of Parent(s)

☐ **I**-Not Married and Independent

Military Status:

☐ Active duty in the U.S. Armed Forces   ☐ Veteran of the U.S. Armed Forces

☐ National Guard   ☐ U.S. Armed Forces Reserves

☐ Not applicable

Place of Employment:	**Work Phone:**
Annual Salary:	**Number in Household:**

COLLEGE INFORMATION (parent 1)

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

DEMOGRAPHIC INFORMATION (Parent 2)

Last First M.I.			
Full Name			**CWID**
Address			**SS#**
City		**State**	**Zip code**
Cell phone	Permission to text? ☐ Yes ☐ No	**Alternate phone**	
ULM E-mail		**Personal E-mail**	

Ethnicity:
☐ **AI**-American Indian or Alaska Native ☐ **PI**-Pacific Hawaiian or other Pacific Islander
☐ **AS**-Asian ☐ **W**- White
☐ **B**-Black or African American ☐ **TW**-Two or more Races
☐ **H**-Hispanic or Latino

Gender: ☐ **M**-Male ☐ **F**-Female	**Are you a First-Generation student?** ☐ Yes ☐ No (at least one of my parents has a 4 yr degree)

Military Status:
☐ Active duty in the U.S. Armed Forces ☐ Veteran of the U.S. Armed Forces
☐ National Guard ☐ U.S. Armed Forces Reserves
☐ Not applicable

Place of Employment:	**Work Phone:**
Annual Salary:	**Number in Household:**

COLLEGE INFORMATION (parent 2)

Major/Degree:	**Semester Hours (#) this Session:**
Expected Graduation Date:	**GPA:**

ULM TRIO Step-by-Step Child Development Program - CCAMPIS Application 2019

Student Status:		
☐ Undergraduate ☐ Graduate	**Classification:**	

Have you completed a FAFSA form?	**Have you previously applied for a CCAMPIS grant?**
☐ Yes ☐ No	☐ Yes; when? _____ ☐ No

Pell Grant Status:	
☐ **R**-Receiving Pell Grant	☐ **E**-Eligible but not receiving Pell Grant
☐ **LIG**-Low Income Grad Student	☐ **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			
Last	**First**	**M.I.**	
Full Name			**Nickname:**
Date of Birth		**Age**	**Gender** ☐ **F**-Female ☐ **M**-Male
This child qualifies for	☐ Free lunch	☐ Reduced lunch	
Second Child			
Last	**First**	**M.I.**	
Full Name			**Nickname:**
Date of Birth		**Age**	**Gender** ☐ **F**-Female ☐ **M**-Male
This child qualifies for	☐ Free lunch	☐ Reduced lunch	
Third Child			
Last	**First**	**M.I.**	
Full Name			**Nickname**
Date of Birth		**Age:**	**Gender:** ☐ **F**-Female ☐ **M**-Male
This child qualifies for	☐ Free lunch	☐ Reduced lunch	
Fourth Child			
Last	**First**	**M.I.**	
Full Name			**Nickname**
Date of Birth		**Age:**	**Gender:** ☐ **F**-Female ☐ **M**-Male
This child qualifies for	☐ Free lunch	☐ Reduced lunch	

Carefully read the next page and check each box

CONFIRMATION

☐ I am a current student at the University of Louisiana Monroe, and I am enrolled in classes this semester.
☐ I have answered the questions truthfully with regard to income resources and student status to the best of my knowledge.

☐ 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.
☐ 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.
☐ 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.
☐ I understand that I will be required to complete a survey designed to evaluate the ULM CCAMPIS project.
☐ I understand that each semester I am receiving the ULM CCAMPIS Child Care subsidy I must: • 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, and • participate in at least one a ULM TRIO *Step-by-Step Child Development Program* approved family event (needs to be completed 2 weeks before the last day of class).
☐ I understand that if I may lose my subsidy award and/or become ineligible for future awards: • if I am no longer Pell-grant eligible • if my I am no longer enrolled fulltime at ULM • failure to remain in good academic standing • failure to provide verification of meeting with my TRIO academic advisor to develop an academic plan. • failure to participate in at least one ULM TRIO *Step-by-Step Child Development Program* approved family event
☐ I understand that I must apply each semester for consideration of the ULM CCAMPIS Child Care subsidy.
☐ 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. 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. 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 _____	**Date**
Signature _____	_____
Note—a physical signature is required for this application	

For Office Use Only:

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

Mail or Delivery Application to

ULM TRIO Programs—CCAMPIS
Sandel Hall Suite 351
University of Louisiana Monroe
700 University Avenue
Monroe, LA 71209
318.342.1097