

CCAMPIS at IUP Program Application

Date of Application _____ Please Check One: New Applicant ___ Returning Applicant ___

Demographic and Contact Information

Applicant First Name _____ Last Name _____

Are you a Veteran or Military Member: Yes ___ No ___ Male ___ Female ___

University Email _____ Personal Email (non-university account) _____

Preferred Phone # _____ Additional Phone # _____

Current Street Address _____

Apartment # _____ City _____ State _____ Zip _____ Country _____

Permanent Home Street Address _____

Apartment # _____ City _____ State _____ Zip _____ Country _____

Race/Ethnicity (Check all that apply):

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Hispanic or Latino

___ Hawaiian or Pacific Islander

___ White

___ Other (describe): _____

Are you a US citizen?

Yes ___ No ___ If not, what is your status? _____ Passport Country _____

College Information

Banner ID# _____ IUP Cumulative GPA _____ IUP Major Cumulative GPA _____

Student Status: Undergraduate Degree ___ Master's Degree ___ Doctoral Degree ___

Major _____ College _____

How many college credits have you completed toward your degree at IUP? _____

How many college credits are in progress at IUP this semester? _____

For the upcoming academic year (or semester if applying during the Fall) will you attend IUP:

Part time (less than 12 credits in the semester) ___ OR Full time (12 credits or more in the semester) ___

Are you a transfer student? Yes ___ No ___ If yes, where did you transfer from _____

Expected Graduation Date: Fall ___ Spring ___ Winter ___ Summer ___ Year _____

Have you completed a FAFSA form? Yes ___ No ___ Are you receiving a Pell Grant? Yes ___ No ___

How did you hear about CCAMPIS at IUP? _____

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Household and Family Information

Are you currently employed? Yes ___ No ___ If yes, average hours worked per week _____

Relationship Status: Married In a Relationship Single

Spouse/Partner First Name _____ Last Name _____

Is your spouse/partner a veteran/military member? Yes No Male Female

Is your spouse/partner enrolled in school? Yes No

Are you currently pregnant? Yes No

Do you receive any of the following: WIC TANF SNAP Medicaid CHIP

List all members of the household (including yourself) and provide the information requested below:

First Name	Last Name	Birth date (MM/DD/YYYY)	Gender (M/F)	Employed Yes/No	Annual Income from all Sources (e.g., Public Assistance, Social Security, Employment)

Child Care Information

Are you currently receiving child care assistance through the Child Care Works Subsidized Child Care Program (managed by Child Care Information Services-CCIS)? Yes No

Complete the following for children you wish to receive the CCAMPIS Child Care Scholarship for:

Child First Name	Last Name	Date of Birth (MM/DD/YYYY)	Currently in Care (Yes/No)	Provider Name (Current or Planned)	CCIS Monthly Co-Payment

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CCAMPIS Letter of Agreement

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 agree to meet with project coordinator or director at least 3x per semester and develop an academic/professional goal plan with action steps

___ I agree to attend at least 3 parent workshops each academic year.

___ I agree to complete a developmental screening for child(ren) receiving scholarship and meet with my child's teacher to review his/her progress

___ I agree to complete CCAMPIS evaluation surveys while receiving services and after leaving program as part of an evaluation of the program.

___ I understand and accept the obligation to provide a written report to the CCAMPIS coordinator or director of any changes in the information provided on this application within 10 days of the change. Changes may include, but are not limited to my IUP enrollment and IUP financial status. Failure to report such changes may result in a forfeiture of the child care scholarship.

___ I certify that the information on this application is true and correct to the best of my knowledge and I promise to provide the following required documentation: (1) Current financial aid award Letter, (2) Proof of income, (3) Birth certificate of child needing care OR Court documents establishing custody, (4) Proof of identity, and (5) Class schedule each semester.

___ I understand and give permission for CCAMPIS coordinator or director to access my personal financial and academic information through the appropriate IUP offices and systems to determine eligibility of enrollment in the CCAMPIS program.

___ I understand that aggregate information, but no personal identifiable information will be shared with project stakeholders (e.g., US Department of Education, IUP administrators).

___ I understand that this form and the required documentation is used to establish eligibility for CCAMPIS, and that if I purposely give false or misleading information on this form, it will result in the forfeiture of future childcare scholarship awards from this program.

___ I understand that not all care providers are eligible to receive the child care scholarship. All child care providers must be approved by the CCAMPIS coordinator or director.

Applicant Name:

Applicant Signature:

Documents to submit: Financial Aid Award Letter, Birth Certificate of Child(ren) that need care or Court documents establishing custody, Proof of Income (FAFSA, Tax return, or 30 days of paystubs), Proof of Identity (Student ID, State ID, Driver's license), Class Schedule

For CCAMPIS Program Use Only	
Date Application Received:	Staff Initials:
Date Supporting Documents Received:	Staff Initials: