

# Parent Pathways at IUP Program Application

Date of Application \_\_\_\_\_ Please Check One: New Applicant \_\_\_ Returning Applicant \_\_\_

Funding you are applying for (Check all that apply)

Childcare Funding \_\_\_ Tuition Scholarship \_\_\_ Book/Supplies Stipend \_\_\_ Emergency Funding \_\_\_

## 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 \_\_\_\_\_

# Parent Pathways at IUP Program Application

Expected Graduation Date: Fall \_\_\_ Spring \_\_\_ Winter \_\_\_ Summer \_\_\_ Year \_\_\_\_\_

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

# Parent Pathways at IUP Program Application

## 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 Parent Pathways 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

# Parent Pathways at IUP Program Application

How did you hear about Parent Pathways at IUP? \_\_\_\_\_

## Parent Pathways Letter of Agreement

To receive the Parent Pathways, grant assistance for childcare services, ALL 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 Parent Pathways 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 Parent Pathways 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 Parent Pathways 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 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 Parent Pathways, 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 Parent Pathways 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 completed FASFA, Proof of Income ( 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: