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MARC CISNEROS CENTER FOR YOUNG CHILDREN  
**CCAMPIS GRANT APPLICATION**  
CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

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### INFORMATION AND GUIDELINES

The CCAMPIS (Child Care Access Means Parents in School) Program is a federal grant funded by the U.S. Department of Education to assist student-parents with the cost of full-time (Monday-Friday) child care.

Student-parent applicants are considered for childcare assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels. The assistance is sliding scale based and is determined by your FAFSA Family Contribution. Qualification is verified by the Financial Aid Department. Assistance is awarded per semester.

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### DEMOGRAPHIC INFORMATION

Semester: \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

Applicant Name Mr.  Mrs.  Ms.

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Current (Street/Mailing) Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address (please print clearly) \_\_\_\_\_@students.tamuk.edu

I need full time care (5 days) Yes  No

I need part time care Yes  No  2days \_\_\_\_\_ 3days \_\_\_\_\_

### Ethnicity

AI-American Indian or Alaska Native

PI-Native Hawaiian or Other Pacific  
Islander

AS-Asian

W-White

B-Black or African American

H-Hispanic or Latino

TM-Two or More Races

Gender Female  Male

**Household Status**

- M-Married
- D-Not married and Dependent of Parent(s)
- I-Not Married and Independent

**COLLEGE INFORMATION**

Major/Degree: \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

Are you a transfer student: \_\_\_yes \_\_\_no If yes, from: \_\_\_\_\_

Have you completed the FAFSA form  Yes  No

Are you Receiving the Pell Grant?  Yes  No

Do you receive any of the following \_\_\_ Work Study \_\_\_Scholarship \_\_\_Loan

Student Status:  Undergraduate  Graduate

Do you receive or have you applied for child care assistance through Workforce Solutions/Child Care Services or another organization or agency  Yes  No

**CHILD CARE PROVIDER INFORMATION**

Please list the names and birth dates of your children ages 3 months to 5 years for whom you are requesting assistance:

| Child's Name | Child's Date of Birth (Month/Day/Year) |
|--------------|--|
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date application received: \_\_\_\_\_

Verified by:

MCCYC ADMINISTRATION \_\_\_\_\_ Date \_\_\_\_\_

Award Effective \_\_\_\_\_ to \_\_\_\_\_