

**College of Lake County Children's Learning Center
Child Care Access Means Parents in School
CCAMPIS Grant Application**
(Please print or type)

CCAMPIS# _____
Date Received _____
Approved _____
Denied: _____
Date: _____

1. Student-parent applicants are considered for child care assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.
2. Students must:
 - Complete a FAFSA or have a completed FAFSA on file.
 - Be PELL grant Eligible or receiving a PELL grant based on the Expected Family Contribution.
3. Awards will be granted until funding has been exhausted.

Section I: Demographic Information

Academic Year: _____

Student ID # _____ Date of Birth: ____/____/____

First: _____ Last: _____ M.I: _____

Current (Street/ Mailing) Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Day: ____-____-____ Evening: ____-____-____ Cell: ____-____-____

E-mail Address (please print clearly): _____

Ethnicity:

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

AA- African American C- Caucasian H- Hispanic or Latino AS- Asian

O- Other (please specify): _____

GENDER: Male Female

U.S. Citizen or Permanent Resident Yes No

Non- U.S. Citizen on a Temporary Visa Yes No

House Hold Status:

Single- Head of Household Dependent- Lives with Parent(s)
 Married, if married, do both parents attend CLC? _____ Other _____

Are you currently employed? Yes No If yes, employer name: _____

Monthly income: _____

Military (Please check one)

Active Military _____ (Branch)

Veteran _____ (Branch) Dates of Service: _____

Family member (specify) _____

Child Care Information:

Please list the names and birthdates of your children ages 2 years to 12 years for whom you are requesting assistance.		Shaded Area for Program Use Only	
Child's Name	Child's Date of Birth (Month/ Date/ Year)	Monthly Cost to Parent	Child Care Center

Total Cost to Center:

How many hours do you plan to use the Children's Learning Center this semester? _____

College Information

Major/Degree: _____ Number of Credits _____

Expected Graduation Date: _____ GPA _____

Have you completed a FAFSA form? Yes No

Are you receiving a Pell Grant? Yes No

Enrollment: part-time student full-time student

Have you used any of the following CLC student development services in the past year?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 Counseling, Advising, and Testing Center | <input type="checkbox"/> 10 Career and Placement Services |
| <input type="checkbox"/> 2 Student Development Office | <input type="checkbox"/> 11 Academic Dean |
| <input type="checkbox"/> 3 Veterans Support Office | <input type="checkbox"/> 12 Learning Resource Center |
| <input type="checkbox"/> 4 Office of Students with Disability | <input type="checkbox"/> 13 Athletic Department |
| <input type="checkbox"/> 5 Student Activities/ Student Clubs | <input type="checkbox"/> 14 Student Government Association |
| <input type="checkbox"/> 6 Foundation Office | <input type="checkbox"/> 15 Health Center |
| <input type="checkbox"/> 7 New Student Orientation | <input type="checkbox"/> 16 Women's Center |
| <input type="checkbox"/> 8 TRIO/ SSS | <input type="checkbox"/> 17 other, (Please name) _____ |

CCAMPIS Income Verification

1. Do you currently receive TANF, Welfare to Work, or any Government Funding? Yes No
2. Do you receive or applied for child care assistance through DHS? Yes No
3. Do you receive or applied for child care assistance through Head Start? Yes No
4. Do you receive other financial support for child care tuition such as non-custodial parent, extended family contributions, military child care assistance, tribal child care subsidy, or other agency support?
 Yes No

5. Please list all types of financial support you receive: _____

6. Have you previously applied for a CCAMPIS Grant? Yes No
If yes, when? _____

Authorizations:

To receive services from CCAMPIS (a federally-funded program), College of Lake County (CLC) must access student records to determine eligibility.

I authorize CCAMPIS Personnel to access my records at the College of Lake County including Student Financial Aid information, income level, current financial aid, and academic status. All information will remain confidential.

I certify that statements made on this application form are complete and true, to the best of my knowledge. I will be responsible to report changes to my financial status, child care status, and academic status to CCAMPIS Personnel immediately and to repay any award amount(s) I am no longer eligible to receive.

Applicant's Signature: _____ Date _____

TO BE COMPLETED BY CCAMPIS REPRESENTATIVE	FOR OFFICIAL USE ONLY
I certify that I have reviewed this application and verified that the student is Pell Eligible. I declare that this student applicant is qualified, and therefore approved to receive the CCAMPIS grant.	
Authorized Official: _____	Title: _____ Phone: _____
Signature: _____	Date: _____

Children's Learning Center CCAMPIS Administrative Use Only

Pell Grant Status

- R-Receiving Pell Grant
- E-Eligible but not receiving Pell Grant
- LIG-Low Income Graduate Student
- LIF-Low Income Foreign Student

Term Codes

- G/C-Graduated/Completed
- A-Attending
- T-Transferred
- W-Withdrew

Degree/Certificate

- C-Certificate
- D-Diploma
- AA-Associate

TO BE COMPLETED BY FINANCIAL AID OFFICER

FOR OFFICIAL USE ONLY

Student's Name: _____ Student ID#: _____

Number of credit hours enrolled: Fall: _____ Spring: _____ Summer: _____

Did student complete a FAFSA? Yes No

Is student eligible for Federal Pell Grant? Yes No If yes, indicate annual amount: \$ _____

What is the student's nine month Federal Expected Family Contribution (EFC)? \$ _____

What is the student's total cost of attendance for the academic year? \$ _____

What is the student's household size according to federal guidelines? _____

What is the number of legal dependents the student has according to federal guidelines? _____

Financial Aid Officer: _____ Date: _____
(Please Print)

Signature: _____

Place Official Stamp Here: