

CCAMPIS Grant Application

Child Care Access Means Parents In School

To be eligible for CCAMPIS support, applicants must be current or prospective WCC students enrolled in six or more credits, have completed a FAFSA for the current year, AND be Federal Pell Grant Eligible or receiving a Pell Grant

Return completed form to: Westchester Community College Children's Center, 75 Grasslands Road, Valhalla, NY 10595

Direct questions to: Susan Zucker, Director WCC Children's Center susan.zucker@sunywcc.edu (914) 606-6644

Student Parent Information: Student ID#: 000 _____

Last Name	First Name	M.I.
Street Address (include Apt. No.)		Student's Date of Birth
City	State	Zip
Student's Home Phone	Student's Cell Phone Number	Alternate Phone Number
Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Pell Status: <input type="checkbox"/> Pell Recipient <input type="checkbox"/> Pell Eligible <input type="checkbox"/> Low Income Foreign Student		
Application Semester <input type="checkbox"/> Fall <input type="checkbox"/> Winter Session <input type="checkbox"/> Spring <input type="checkbox"/> Summer: __ S1 __ S2 __ S3		

Child(ren) Needing Childcare

Child's Full Name	Child's Date of Birth	Expected Hours per Week	Previously enrolled at WCC Children's Center?	Previously on a Wait List at WCC Children's Center?
Example: Mary Jones	6/1/2018	12	No	Yes

- How did you hear about the CCAMPIS childcare program?** (check all that apply)
 Newspaper Faculty/Staff WCC Website WCC Brochures/Flyer Friend/Family Other: _____
- Household Status**
 Married Not Married and Dependent Not Married and Independent
- Veteran/Active Military Status**
 Active Military - Self Veteran - Self Active Military - Spouse Veteran - Spouse None
- Employment Status**
 Not Employed Unemployed Working Part Time Hrs/Week _____ Working Full Time Hrs/Week _____
 Household Income _____
- WCC Enrollment Status**
 Currently enrolled for _____ credits Have earned 12 or more credits
- Education Goals**
 Anticipated WCC Graduation Date (month/year) _____ Degree or Certificate _____ Course of Study _____
 Plan to transfer to: 4-yr school Other _____

CCAMPIS Impact

Receiving a CCAMPIS subsidy for child care will allow me to: (check all that apply):

- Enroll or persist at WCC
- Attend class
- Take earlier classes
- Take later classes
- Have additional study time
- Obtain tutoring assistance
- Obtain advising or counseling support
- Other _____
- Spend more time in the library/computer lab
- Participate in group study projects or meetings
- Receive veteran or military services
- Complete my degree
- Earn a certificate
- Transfer to a 4-yr school
- Graduate sooner

Receiving a CCAMPIS subsidy will affect my children by: (check all that apply):

- Providing a better child care experience
- Benefiting from a better social environment than being with a babysitter
- Feeling more secure because I am physically closer
- Other _____
- Interacting with other children to increase social skills
- Being able to attend pre-school
- Providing a consistent childcare schedule

CCAMPIS Agreement

I understand and agree to the following terms and requirements for receiving CCAMPIS support:

1. I understand that the purpose of CCAMPIS funding is to assist me with child care expenses so that I can succeed in completing credits toward my degree and graduate, and that my participation in the program is dependent upon my making consistent progress toward my degree.
2. WCC CCAMPIS staff will have the right to access and review my academic and financial aid records.
3. I understand that CCAMPIS support is limited and may not be available for all applicants.
4. I will promptly contact the Children’s Center to report any changes in academic enrollment and/or financial status.
5. I will attend classes regularly and maintain at least a 2.0 GPA or equivalent.
6. I will attend the CCAMPIS orientation and other required parent meetings.
7. I will meet with the CCAMPIS counselor at least once a semester and participate in recommended support services.
8. I will be responsible for paying the portion of child care fees that are not covered by a CCAMPIS subsidy.
9. I understand WCC will report required aggregate information to the funder including GPA, enrollment, and graduation data.
10. I will complete regular program evaluations and surveys on request.
11. I agree to participate in ongoing and/or post-graduate surveys including enrollment in further studies, ability to persist in studies, employment, income, and quality of care/services.

I certify that statements made on this application form are complete and true, to the best of my knowledge My signature on this application indicates my willingness to fully participate in the CCAMPIS program. I agree to comply with all program requirements. I understand that If I do not meet all the program requirements by the given due dates, I will NOT receive CCAMPIS funds and will pay any outstanding balance to the Children’s Center.

Applicant’s Signature: _____ **Date** _____

OFFICE USE ONLY

Enrollment for: Fall Winter Session Spring Summer I Summer II Summer III

Priority Points = _____

- ___ Veteran/ Military-Related (5pts)
- ___ Previously Received a CCAMPIS grant (3 pts)
- ___ Previously on a CCAMPIS or WCC Children's Center wait list (2 pts)
- ___ Earned 12+ credits @ WCC (1 pt)

A. Gross Weekly WCC Children's Center Tuition: _____ B. Number of weeks of enrollment. _____

Gross Weekly WCC Children's Center Tuition for the Semester A. X B. = _____

Pell EFC = _____ CCAMPIS Subsidy % = _____ Credits in Semester = _____ GPA = _____

CCAMPIS Award = _____ x. _____ = _____

(Gross WCC Children's Center Tuition). (subsidy %) (CCAMPIS Award)