SOUTHERN UTAH UNIVERSITY
Child Care Access Means Parents in School (CCAMPIS)
Scholarship Application Form
Please Contact Non-Traditional Student Services for Dues Date

Eligibility Requirements:
- Must be the custodial parent of a child/children needing daycare.
- Must be an SUU student currently enrolled in classes.
- Must be a citizen/permanent resident of the United States of America.
- Must be eligible to receive a Pell Grant (and have submitted a FAFSA for the current academic year).
- Must be in good academic standing with a 2.3 or higher cumulative GPA.
- Must be in good standing with the CCAMPIS program

Name: ________________________________ SUU T#: __________________________
Last First Middle Initial
Address: ________________________________________________________________
Home Phone: ______________________
______________________________________________________________
City State Zip
Cell Phone: __________________________
E-mail Address: __________________________________________________________
Birth Date: __________ Age: ______ Gender: __________ Race/Ethnicity: ____________

Are you employed? □ No □ Yes Weekly Hours Worked: __________
Is your child(ren)’s other parent(s) employed? □ No □ Yes Weekly Hours Worked: __________
Additional information about your child(ren)’s other parent(s) __________________________

Relationship Status: __________________________ Number of children: __________

Please list all members of your current household including you. Include the number of weekly daycare hours for each child.

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<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to you</th>
<th>Occupation/# of hours Childcare needed weekly</th>
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Do you currently receive childcare assistance or childcare subsidies (e.g. DWS)? □ No □ Yes If yes, please describe: __________
Childcare Center: ____________________________________________

Director’s Name: ____________________________________________

Address: ____________________________________________________ Phone: _______________________

___________________________________________ Fax: _______________________

City State Zip

E-mail Address: ____________________________________________

Class Status: FR SO JR SR Other: ____________ Spring ’16 credits: ______

Major: ____________________________ Credit hours completed: ________ Estimated Graduation date: ____________

Cumulative GPA: ____________________________

Is your child(ren)’s other parent(s) enrolled in classes at SUU? [ ] No [ ] Yes If yes, please provide the following information about your child(ren)’s other parent(s):

Class Status: FR SO JR SR Other: ____________ Spring ’16 credits: ______

Major: ____________________________ Credit hours completed: ________ Estimated Graduation date: ____________

T#: ____________________________ Cumulative GPA: ____________________________

CCAMPIS scholarship awards provide financial assistance for childcare costs. Awards are made using a sliding scale that incorporates information about a student’s financial resources and academic course load. Awards are determined by the sources available in the grant combined with financial need. The total number of hours that may be subsidized ranges from 20-30 hours weekly per child.

**Participation Requirements:**

- Spend four hours per month volunteering at your child’s childcare facility. Volunteer work may also be completed in other settings that support families and children. Volunteer hours may also be spent volunteering with your child(ren) in any setting.
- Remain in good financial standing with your child’s childcare facility.
- Participate in monthly educational parent event or a family involvement outing/event.

I certify that the information provided on this application is true and complete. I authorize information regarding my scholarship application, academic record, and financial aid award to be released to the SUU CCAMPIS staff and the Non-Traditional Student Center. I understand that the CCAMPIS staff may require additional documentation to verify the completion or accuracy of this application, and I agree to the release of such information and documentation.

Signature: ____________________________________________ Date: ______________________

Please return to the Non-Traditional Student Center in the Sharwan Student Smith Center Room 172
Please provide a written statement describing personal information (e.g. financial need, medical need, childcare need, extenuating circumstances, etc.) that you would like the CCAMPIS Committee to consider when reviewing your application.
Southern Utah University
CCAMPIS Child Care
Subsidy Worksheet

**COMPLETE THIS WORKSHEET WITH YOUR CHILD CARE PROVIDER. YOU MUST BE ENROLLED IN CLASSES FOR THE CURRENT SEMESTER TO BE ELIGIBLE FOR THE GRANT.**

Parent’s Name: T Number: Phone #:

Day Care’s Name: Day Care Directors Name:

Day Care’s Address: Day Care Director’s Phone #:

Day Care’s Phone #: Day Care’s Email:

<table>
<thead>
<tr>
<th>MONTH:</th>
<th>YEAR:</th>
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<tbody>
<tr>
<td>Child 1 – Name: Birthday:</td>
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<tr>
<td>MONTHLY hours in child care</td>
<td></td>
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<tr>
<td>MONTHLY charge for child care</td>
<td>$</td>
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<tr>
<td>Child 2 – Name: Birthday:</td>
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<tr>
<td>MONTHLY hours in child care</td>
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<td>MONTHLY charge for child care</td>
<td>$</td>
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<td>Child 3 – Name: Birthday:</td>
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<tr>
<td>MONTHLY hours in child care</td>
<td></td>
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<tr>
<td>MONTHLY charge for child care</td>
<td>$</td>
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</tbody>
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TOTAL SEM. HOURS OF CHILDCARE:

TOTAL SEM. COST:

TOTAL SEM. SUBSIDY:

TOTAL SEM. STUDENT PAYMENT:

Provider’s Signature: Date:

Any changes in the number of hours per child; or any child no longer attending day care; or changes in provider should be reported immediately to Non-Traditional Student Services, 435 865 8760.

NTSC DIRECTOR

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<th>MONTH:</th>
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<tr>
<td>Day Care Volunteer hours:</td>
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<td>Parent Involvement hours:</td>
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NTSC Coordinator’s Name: Linda Hudson Phone #: 435 865 8760 Email: lindahudson@suu.edu

Non-Traditional Student Center’s Signature: Date:

Parent Participation Effective Date:

This Child Care Subsidy Worksheet is not a contract nor a guarantee of payment by the CCAMPIS grant.

Please return this form to the Non-Traditional Student Office SUU ST 172