



## **Child Care Access Means Parent in School**

### **CCAMPIS**

## **Student-Parent Application**

### **What is Child Care Access Means Parents in School (CCAMPIS)?**

*The CCAMPIS program is a federally funded initiative to support student-parents in postsecondary education, through the provision of campus-based child care services. Norfolk State University was awarded a CCAMPIS grant to provide financial assistance with child care costs for eligible student-parents. NSU student-parents may choose ANY licensed childcare provider within the United States that services children ages 2 ½ -4 ½ years.*

Return completed application to [jcboone@nsu.edu](mailto:jcboone@nsu.edu)

# CCAMPIS Application

Completing this application **DOES NOT** guarantee funding or enrollment of childcare services.

New CCAMPIS applicant

Returning CCAMPIS applicant

SECTION 1: Student-Parent Information				
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>NSU STUDENT ID#</b>	<b>Semester applying</b> (ex. Spring 2024)
<b>Address</b>				
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County (if applicable)</b>	
<b>Telephone</b>  (       )		<b>NSU Email Address</b>		
<b>Gender</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to disclose	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Citizenship</b>  <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Neither		
<b>Ethnic Affiliation (check one)</b>  <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races				
<b>Are You A Single Parent?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military Status</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Please check <b>YES</b> if the child for which you are requesting care has an active-duty parent/guardian in the uniformed services (as defined by 37 U.S.C. 101, in the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or the reserve component of any of the aforementioned services).			

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# CCAMPIS Application

## SECTION 2: Child & Childcare Information

Name of child for whom care is being requested	Last Name	First Name	Middle Initial	Date of Birth	Gender
Child 1					
Child 2					
Child 3					
Child 4					

Days of Care Requested (check all that apply.)	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					
Child 4					

## SECTION 3: Academic Information

First Generation College Student? (neither parent holds a bachelor's degree or higher) __ Yes                    __ No	Is this your first degree? __Yes __No  If 'no', what degree do you hold? _____		
How many credits do you plan to complete during the semester for which you are applying to CCAMPIS?  __3 __6 __9-11  __ 12 or more	What is your primary area of study?	What is your educational goal?  __ B.A./B.S. __ M.A./M.S. __PhD __M.D. __J.D.	Which semester/year do you plan to complete your educational goal?  __Fall __Spring __Summer  Year _____
Current GPA _____ How do you intend to use your degree?     			

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# CCAMPIS Application

How did you hear about the CCAMPIS program? (check all that apply)

- Another Student       Visit to the Preschool Academy       Flyer/Poster on Campus  
 Facebook       Twitter       Faculty/Staff member       Community Agency  
 Campus Email/Message       Other \_\_\_\_\_

## SECTION 4: Participant Agreement

PLEASE INITIAL THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE FOLLOWING IF YOU ARE ACCEPTED INTO THE PROGRAM:

	Maintain a minimum course load of 6 credit hours per semester (Fall/Spring) or 3 credit hours in the Summer
	Meet at least once each semester with the CCAMPIS Program Coordinator to discuss plans for a successful semester.
	Maintain good academic standing (67% completion of credits attempted, 2.0 GPA or higher.
	Complete FAFSA in a timely manner each year.
	Seek scholarship funds through the Scholarship Office
	Participate in required parent education/engagement activities of the CCAMPIS program.
	Notify the Program Coordinator of any changes in enrollment status.
	If my course load decreases mid-month, my subsidy will decrease for the full month.
	Meet with CCAMPIS personnel at least once a semester to discuss enrollment as well as payment responsibilities between semesters.
	I understand that my child's enrollment space is reserved for students with CCAMPIS eligibility and if I become ineligible for any reason, I may need to make different arrangements for child care. (NSU Preschool Academy students)
	Request for a change in my child's schedule must be made in writing at least one month in advance. (NSU Preschool Academy students)
	I will provide notice in writing, of least two weeks prior to the planned disenrollment date, of my child from the Preschool Academy. (NSU Preschool Academy students)

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# CCAMPIS Application

## CCAMPIS Income Verification

1. Do you currently receive TANF, Welfare to Work, or any Government Funding?  Yes  No
2. Do you receive or have applied for child care assistance through DSS?  Yes  No
3. Do you receive or have applied for child care assistance through Head Start?  Yes  No
4. Do you receive other financial support for childcare tuition such as non-custodial parent, extended family contributions, military childcare assistance, tribal childcare subsidy, or other agency support?  
 Yes  No
5. Please list all types of financial support you receive: \_\_\_\_\_  
\_\_\_\_\_
6. Your estimated annual household income.  Less than \$20,000  \$20,001-\$30,000  
 \$30,001-\$40,000  \$40,001-\$50,000  \$50,001-\$60,000  \$60,001-\$70,000  over \$70,000

## Authorizations

To receive services from CCAMPIS (a federally funded program), NSU Preschool Academy and/or CCAMPIS Personnel must access student records to determine eligibility.

I authorize CCAMPIS Personnel to access my records at Norfolk State University 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.

By signing below, I affirm that the information I have provided to determine my eligibility to receive funding through the Norfolk State University Preschool Academy's CCAMPIS Program is accurate. I understand that providing false information will result in repayment of monies for services, which I am not entitled to.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE REQUIRED:**

\_\_\_\_ Pell Grant/Financial Aid Award Letter      \_\_\_\_ Class Schedule

\_\_\_\_ Academic Evaluation

\_\_\_\_ Typed statement describing your academic and professional goals **(200-250 words)**

\_\_\_\_ Typed statement detailing how financing child care has been a barrier to your educational goals. **(200-250 words)**

\*If you are a returning CCAMPIS Student, we do not need the typed statements\*

**NEXT STEPS**

Your application will be reviewed by the CCAMPIS Project Director and evaluated based on need and academic merit. If approved, your application will be forwarded to the Project Director, who will contact you for a brief interview. If you choose to enroll your child at the NSU Preschool Academy, enrollment will depend on available space in the Preschool Academy. Preference for enrollment will be given to military-affiliated families and student-parents enrolled in 12 or more credit hours at Norfolk State University. Questions regarding this application or your status, please contact Dr. Jacqueline C. Boone [jcboone@nsu.edu](mailto:jcboone@nsu.edu)

**This section is completed by CCAMPIS Personnel ONLY.**

I certify that I have reviewed this application and verified the student-parent’s eligibility. I declare that this student applicant is qualified, and therefore approved to receive CCAMPIS grant.

Authorized Official \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Norfolk State University does not discriminate against any person on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, or against otherwise qualified persons with disabilities in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out directly or through a third-party, or any other entity with which Norfolk State University arranges to carry out its programs and activities.*

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