



CCAMPIS

Child Care Access Means Parent in School

Parent/Student Application

2021-2022

“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.”

Child Care Access Means Parents in School (CCAMPIS) Program Application

The CCAMPIS program is a federally funded initiative to support low-income student-parents in postsecondary education, through the provision of campus-based child care services. The Norfolk State University Preschool Academy has been awarded a CCAMPIS grant to provide financial assistance with child care costs for eligible student-parents. The Norfolk State University Preschool Academy provides full and part time early childhood services for children ages 2 ½ -4 ½ years. For more information about the Norfolk State University Preschool Academy, please visit www.nsu.edu/pa.

Completing this application **DOES NOT** guarantee funding or enrollment in the Norfolk State University Preschool Academy at

New CCAMPIS applicant

Returning CCAMPIS applicant

Applicant Information				
Last Name	First Name	Middle Initial	SS#	Semester applying for (ex. Spring 2014)
Address				
City	State	Zip	County	NSU Student ID #
Telephone		Norfolk State University Student Email Address		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)		Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Neither	
Ethnic Affiliation > >>>>>>>> (check all that apply)	<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			
Are You A Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Yes <input type="checkbox"/> No Please check YES 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).			

******Return completed application to the Preschool Academy******

**Child Care Access Means Parents in School (CCAMPIS)
Program Application**

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					

Days of Care Requested (check all that apply). Care is offered Monday-Friday 7:30am-3:30pm	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					

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 (Summer only) __ 6 (Summer only) __ 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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Child Care Access Means Parents in School (CCAMPIS) Program 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
 All Campus Email Other _____

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 9 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 through the Preschool Academy.
	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.
	Not receiving a child care subsidy from another local, state, or federal program.
	Meet with Preschool Academy staff 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.
	Request for a change in my child's schedule must be made in writing at least one month in advance.
	I will provide notice in writing, of least two weeks prior to the planned disenrollment date, of my child from the Preschool Academy

******Return completed application to the Preschool Academy******

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL –CCAMPIS

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 DSS? 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: _____

Authorizations:

To receive services from CCAMPIS (a federally-funded program), NSU Preschool Academy and 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.

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:** _____

Next Steps

Your application will be reviewed by the Program Coordinator 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. Enrollment of your child 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. If you have any questions regarding this application or your status, please contact Dr. Navine Fortune at 823-8111 or at npfortune@nsu.edu.

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.

Student's Signature _____ **Date** _____

THE FOLLOWING DOCUMENTS ARE **REQUIRED**:

- _____ Pell Grant Award Letter
- _____ Unofficial Transcript
- _____ 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

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**Norfolk State University
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