

CCAMPIS Grant Application

Child Care Access Means Parents in School



Child Care Access Means Parents in School (CCAMPIS) is a federally funded initiative to assist eligible student-parents in completing their education by subsidizing the cost of childcare at the Desert Vista Child Care Center or other DES child care programs that have an agreement with Pima Community College.

Completing this application **does not** guarantee funding or enrollment in the Desert Vista Child Care Center or any other approved child care program with an agreement with the College. For a list of other child care programs that have an agreement with Pima, please contact the CCAMPIS program.

New CCAMPIS applicant Returning CCAMPIS applicant
Semester applying for (e.g. Fall 2022) _____

Applicant information

First Name _____ M.I. _____ Last Name _____

Address _____ State: _____ ZIP _____

Cell Phone _____ May we text you? Y or N

Alternate Phone: _____ Personal email: _____

Date of Birth: _____ Pima Student ID#: ("A" number") _____

MyPima Username _____

Gender: M or F (Please select the gender associated with your Social Security number)

Single Parent: Y or N

Please select one or more of the following ethnic categories to describe yourself:

- | | | |
|--------------------------------|---------------------------|-------|
| American Indian/Alaskan Native | Hispanic/Latino | White |
| Hawaiian/Pacific Islander | Black or African-American | Asian |
| Two or more races | | |

Pima Community College Enrollment Status:

Full-time student: Y or N Major/Area of Study: _____

First-generation College Student? Y or N (neither of your parent holds a bachelor's degree or higher or, prior to the age of 18, you regularly lived with and received support from only one parent/guardian who did not hold a bachelor's degree).

Total number of credits completed as of date of application: _____

Current GPA _____ Expected Graduation Year _____

Do you plan to transfer to a four-year college after graduation from Pima Community College? Y or N

Are you participating in other grant-funded programs? Y or N

If yes, please list them:

Financial Information:

Do you receive financial aid? Y or N If not receiving financial aid, will you apply for it? Y or N

Are you receiving a Pell Grant? Y or N

List any other financial aid you are receiving: _____

Do you have a complete FAFSA? Y or N

If yes, I authorize Pima Community College to directly provide my FAFSA information to external entities, such as scholarship providers and other government agencies, in order for me to apply for and/or receive financial stipends/ tuition assistance? Y or N

Do you currently receive DES child care? Y or N

How much do you currently pay for child care? (Please list cost per child.)

Child 1: full day cost _____ Part day cost _____ **Child 3:** full day cost _____ Part day cost _____

Child 2: full day cost _____ Part day cost _____ **Child 4:** full day cost _____ Part day cost _____

Child/children Information

Complete the following for the child/children that you are requesting CCAMPIS funding for:

1. Child's Name _____ Date of Birth _____
Child's age _____ Gender: M or F

2. Child's Name _____ Date of Birth _____
Child's age _____ Gender: M or F

3. Child's Name _____ Date of Birth _____
Child's age _____ Gender: M or F

4. Child's Name _____ Date of Birth _____
Child's age _____ Gender: M or F

I am the legal, physical, custodial parent to each child listed above? Y or N

Programmatic Needs:

Check any of the following that you believe you may need assistance with in order to meet your academic goals:

Virtual learning/digital literacy	Note taking/Study skills	
Test Anxiety	Academic Advising	
Counseling	Tutoring	Life skills
Student Success workshops	ARC Food Pantry and Resource Center (food/toiletries)	
Financial Aid	Transfer Advising	Parenting skills
Other		

Student Authorization:

I certify that all of the information on this form is true and complete to the best of my knowledge. I authorize CCAMPIS staff at Pima Community College to obtain and review any academic, financial, disability or demographic information or documentation from staff and instructors needed for the purposes of data collection and reporting, or to progress monitoring, both at the time of my application and throughout my participation in the program. I understand that if I provide false information, or if I am no longer meeting the eligibility requirements, I will no longer receive financial stipends for child care.

Student's name

Date

Check box to approve electronic signature

*If you have questions regarding this application or your status, please, contact **Julie Mendivil, 520-206-5205** or **jmendivil17@pima.edu**.