

Arkansas Tech University

CCAMPIS Application

Personal Information

Name:		T- Number:		Campus Attending:	
Date of Birth:		Home Phone #:		Cell Phone#:	
Address:			Email Address:		
City:			State:		Zip:
Ethnicity: ____ American Indian or Alaska Native ____ Asian American ____ Black or African American ____ Hispanic or Latino ____ White ____ Native Hawaiian or other Pacific Islander ____ Biracial ____ Other ____ No Race Reported				Current Educational Level: ____ GED ____ High School ____ Certificate ____ Associates Degree ____ Other	
Gender: __Male __Female		Are you a first generation student: ____Yes ____ No		Are you a single parent: ____ Yes ____ No	
What are your Educational/Career goals:					

Parent 2: Spouse or father/mother of the child that lives with you: Name:	Is Parent 2 a student? __YES __NO If yes at what college/university? _____
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Household Information

Number in household:	Primary language spoken in the home:
Child (children) needing preschool/daycare services: Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____	
Does your child have any special needs: <i>Please include developmental, physical, nutritional, etc...</i>	
Emergency Contact Information:	
Name:	Relationship: _____ Phone Number: _____

Employment Information (Applicant)

Employment Status: ___ Unemployed ___ Full-Time ___ Part-Time	
Employer Name:	Supervisor:
Employers Phone #:	Hours worked per week:

Employment Information (Parent 2)

Employment Status: ___ Unemployed ___ Full-Time ___ Part-Time	
Employer Name:	Supervisor:
Employers Phone #:	Hours worked per week:

ACADEMIC INFORMATION:

Have you completed the FAFSA? ___Yes ___No		Do you receive or are you eligible to receive a Pell grant? ___Yes ___No	
Student Status: ___Full Time ___Part Time	Number of hours enrolled in:		Cumulative hours earned ___ ___This is my first semester
Major:	Minor:		Anticipated Date of Graduation:
Classification: ___Freshman ___Sophomore ___Junior ___Senior		Semester GPA: _____ This is my first semester: _____	

Signature: _____

Date: _____

All applicants must submit the following documents with each application (only complete applications can be processed)

A current class schedule

A copy of your most recent college unofficial transcript (Please note if this is your first semester and you do not have a transcript)

A copy of your Student Financial Aid Award Letter

A copy of your most recently prepared income tax return, with **ALL Social Security Numbers BLACKED OUT**

Return completed application and required documentation to Brown Hall Suite 333. Funds will be distributed on a first come, first serve basis as qualifications are met. A waiting list will be developed once funds for the semester are allocated.

Arkansas Tech University
CCAMPIS Program Guidelines and
Letter of Agreement

Please initial by each of the following statements stating that you have read, understand and agree to each:

____ CCAMPIS will assist in the childcare expenses of my child(ren) so that I may remain enrolled at Arkansas Tech University and work toward obtaining my degree.

____ I understand that I am responsible for the difference between the amount CCAMPIS pays and the amount charged by the child care center.

____ I understand that I must begin each semester enrolled at least half-time. If at any time I drop a class or classes, I will inform the CCAMPIS Director immediately.

____ I must attend classes regularly and make every effort to complete classes with a 2.0 GPA. (additional support services are available to help with this as needed)

____ I understand that I will be responsible for all child care fees charged by the center if I withdraw as a student from ATU. Childcare assistance will not be available again until I am enrolled half or full time.

____ I agree to complete CCAMPIS program evaluations and attend parent meetings as may be scheduled for participants.

____ I understand that I must be Pell Grant eligible and give permission for my personal, financial and academic records to be accessed through ATU to determine eligibility of enrollment in the CCAMPIS program.

____ I understand that I must comply with the rules and regulations of the child care facility. Arkansas Tech University and the CCAMPIS Program is not responsible for policies and procedures of the childcare facilities.

____ I give permission for child care facility to release attendance records for my child(ren) that are receiving assistance through the CCAMPIS Program.

____ I agree to meet with the Program Director each semester to determine eligibility and provide ALL required documentation.

I have read and understand the above guidelines and certify that the information provided is accurate to the best of my ability. I understand that it is my responsibility to obtain child care with a licensed child care provider and provide all required documents needed to be approved for assistance.

Student Signature _____

Date_____

CCAMPIS Director Signature_____

Date_____