



OLD DOMINION UNIVERSITY

CHILDREN'S LEARNING AND RESEARCH CENTER

I D E A FUSION

Child Care Access Means Parents In School

Old Dominion University

(CCAMPIS ODU)

Student Parent Application

2016-2017

Child Care Access Means Parents in School (CCAMPIS) is a federal program funded by the U.S. Department of Education. This program supports the participation of low-income, Pell Grant eligible student parents in postsecondary through the provision of child care stipends. Prefer

Old Dominion University CCAMPIS ODU Program Description

The Child Care Access Means Parents in School (CCAMPIS) program is a federally funded program from the U. S. Department of Education to support Pell Grant eligible student parents in completing their degree through access to high-quality child care programs and the provision of child care stipends. Students accepted in the CCAMPIS ODU program will be offered spaces in the ODU Children's Learning and Research Center (ODU CLRC) and be provided with stipends to assist with the cost of care. Stipends range from 50% to 70% of the full-time student tuition rates in the CLRC and cover the annual registration fees. Program participants will be required to meet certain criteria and must participate in the required parent and family activities and groups, student support programs, program evaluation activities, and agree to provide the required documentation needed (Financial Aid verification, transcripts) upon request. The ODU CCAMPIS program will give priority to military affiliated students (Veteran with Honorable Discharge or Active Duty) with a dependent child under the age of 5. Acceptance into the program is based on the availability of classroom space in the appropriate age group and continuation of the funding.

ODU CCAMPIS PROGRAM GUIDELINES

1. Applicant must be Pell Grant-eligible student parent.
2. Only one child care stipend will be awarded per family.
3. Application priority will be given to military affiliated students or spouse Active Duty or Veteran with Honorable Discharge) who has a dependent child under the age of 5.
4. Applicant must be a full-time (12 credit hour), undergraduate student.
5. Applicant must have and maintain a cumulative GPA of 2.5 (or the minimum required by his/her program of study) for each semester enrolled in the program.
6. The ODU CLRC administrative team may request proof of attendance, copy of current grades, or a class roster at any time during the academic semester.
7. Stipends will be awarded on a sliding-scale fee structure, based on the Estimated Family Contribution (EFC) of the Pell Grant Award.
8. Stipends will be paid directly to the ODU CLRC. Participants will be required to pay the co-payment ranging from 30% to 50% of the tuition.

9. Program participants will be required to sign Memorandum of Agreement stating that they agree to:
 - a. Attend quarterly CCAMPIS ODU Parent Group Meetings
 - b. Attend and participate in assessments with Student Engagement and Enrollment Services (SEES), Academic Enhancement, or Military Connection Center to determine needs and appropriate resources to support academic success of the parent.
 - c. Participate in evaluation activities, focus groups, and surveys.
 - d. Complete Ages and Stages Questionnaire (ASQ) for the child as requested by the teacher.
 - e. Participate in parent/teacher conferences twice annually.
10. Applications should be submitted as early as possible prior to the start of a semester.
11. Awards will be made as space is available, based on the following priorities:
 - a. Military Affiliation
 - b. Pell Grant determined Estimated Family Contribution (EFC). Lowest EFC will be given top priority.

Submission of an application DOES NOT guarantee funding. If awarded, you will be contacted by CCAMPIS ODU Staff to set up an informational/orientation meeting.

CCAMPIS ODU Child Care Grant Application

New Applicant **Returning Applicant (Must Attach Current Transcript)**
 ___ **Number of Semesters Enrolled in CCAMPIS**

Semester: **Fall** **Spring** **Summer 20**_____

Please print clearly. All sections of the application must be completed. Demographic data to be used for Department of Education aggregate data only. Incomplete forms will not be reviewed.

Section 1- ODU Student Information

Last Name:		First Name:		Birthdate:
UIN:	ODU E-mail:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone:		Cell Phone:		
Address:		City, State:	Zip:	
Permanent Address (if different):		City, State:	Zip:	
Military Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Active Duty Veteran with Honorable Discharge		

Section 2- Academic Information (As of semester noted above)

Year in School (Must be Undergraduate level): Freshman Sophomore Junior Senior			
Degree Program/Major:		Anticipated Graduation Date: (mm/yyyy)	
Total Number of Credit Hours Completed:	Cumulative GPA:	Previous Semester GPA:	
Number of Credits Intending to Register for in Semester Requested:			

Section 3- Child Care Needs (May only request funding for one child)

Child's Last Name:	First Name:	Date of Birth:
Is Child a Military Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child's Age:
Current Child Care Provider:
Number of Children in Household:

Section 4-Child Care Assistance

Do you currently receive any subsidy to help with cost of child care from an agency, organization, or in any other form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, from who?	Amount of Subsidy:
Have you applied for any other subsidized child care?	If so, from who?

Section 5-Financial Information

Pell Grant Award Amount: \$	Estimated Family Contribution (EFC) from Award Letter	Annual Household Income: (include all sources- child support, local assistance, military subsidies) Less \$20,000 <input type="checkbox"/> \$20,001-30,000 <input type="checkbox"/> \$30,001-40,000 <input type="checkbox"/> Above \$50,000 <input type="checkbox"/>
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Section 6- Student Demographic Information

<p>Specific to YOU, the student:</p> <p><input type="checkbox"/> Single parent</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Living together/ Not married</p> <p><input type="checkbox"/> Parent (you) and child living w/ family, friend, or roommate</p>	<p>If Married:</p> <p><input type="checkbox"/> 1 Student Parent</p> <p><input type="checkbox"/> 2 Student Parents</p>	<p>Are you the first person from your family to attend college?</p> <p><input type="checkbox"/> Yes, no one else has attended</p> <p><input type="checkbox"/> No, a sibling attended before me</p> <p><input type="checkbox"/> No, my parent attended before me</p>
<p>Ethnicity: (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian</p>		

Section 7- Agreements

Initial Agreements

	1. I understand that the goal of CCAMPIS ODU is to assist me with child care expenses so that I can succeed in completing credit hours toward my degree.
	2. I understand that CCAMPIS ODU, if awarded, will cover a percentage of my child's care at the ODU CLRC and that I will be responsible for a co-payment of between 30%-50% of the actual tuition. This is to be paid monthly or bi-monthly.
	3. I understand that I must be enrolled in a minimum of 12 credit hours for fall or spring semesters and 9 hours in the summer to remain eligible for the stipend. If I drop below the required hours, I agree to inform the CCAMPIS ODU staff immediately.
	4. I understand that I am required to maintain a minimum cumulative GPA of 2.5 or the minimum required for my degree program (whichever is higher).
	5. I agree to participate in the twice annual parent/teacher conferences, complete the Ages and Stages Questionnaire, participate in the CCAMPIS ODU Parent Group meetings, complete survey and other program evaluation instruments, and participate in the SEES or Military Connection Center assessment for resources and support program needs.
	6. I agree to provide academic transcripts, Pell Grant award letter, verification of attendance, academic schedule, and verification of military status (LES or DD214) upon request. I also give permission for the CCAMPIS ODU staff to request verification from the Financial Aid Office for information I provide on this application.

	7. I understand that CCAMPIS ODU will report funding information, GPA, hours completed and demographic information, with all personal identifying information removed, to the U.S. Department of Education in the CCAMPIS Annual Report.
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Section 8- Attach to this application:

1. Please write a 1-2 page essay describing how the CCAMPIS ODU award will assist you in meeting your goal for completing your degree. This essay should be typed and double-spaced.
2. A copy of your most recent transcript (unofficial, printed from LEO Online is acceptable).
3. Completed Financial Aid Verification Form (See page 8).
4. Copy of Pell Grant Award Letter.

I have read and understand the attached information regarding the requirements for CCAMPIS ODU. I certify that the information in this application is accurate and correct to the best of my knowledge. I give CCAMPIS ODU permission to disclose my information to the U.S. Department of Education for reporting and research purposes.

Signature_____ Date_____

Section B--- To Be Completed by CCAMPIS ODU Administrator

Accepted Yes No

Date_____

Classroom Assigned to_____

EFC as verified_____

Stipend amount \$_____

Co-Pay amount \$_____

I certify that I have reviewed the application and verified that the student is Pell Eligible. The award amount listed above complies with the CCAMPIS ODU policies and guidelines.

Director:_____ **Date:**_____

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Directions: Please complete the top section of this form and submit directly to ODU Children's Learning and Research Center with your application. A CCAMPIS ODU administrator will forward this form to the Financial Aid Office for verification.

I, _____, give permission for the ODU Financial Aid Office to provide the information requested below to the CCAMPIS ODU staff in the Children's Learning and Research Center for the semester: Fall 20____, Spring 20____, Summer 20____.

Signature: _____ Date: _____

Financial Aid Verification Form

(To be filled out by Financial Aid Office Only—For Official Use ONLY!)

Thank you for your prompt response

Name _____ UIN _____

Number of credits enrolled for: Fall _____, Spring _____, Summer _____

Did Student Complete FAFSA form? YES NO

Is student eligible for a federal PELL GRANT? YES NO Annual Amount: \$ _____

What is the student's Estimated Family Contribution (EFC) for the year: \$ _____

What is the student's total cost of attendance for the academic year: \$ _____

Student's filing status: (circle one)

Single

Married file jointly

Married file separately

Head of household

Qualifying widow(er) with dependent child

Total number of exemptions claimed: _____

Completed by: (Financial Aid Officer) _____

Date _____

Contact Telephone Number _____