

Green River College
Child Care Access Means Parents in School
CCAMPIS Grant Application
(Please print or type)

Date Received _____
Approved _____
Denied: _____
Date: _____

1. Student-parent applicants are considered for child care assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.
2. Students must:
 - Complete a FAFSA or have a completed FAFSA on file.
 - Be PELL grant Eligible or receiving a PELL grant based on the Expected Family Contribution.
3. Awards will be granted until funding has been exhausted.

Section I: Demographic Information

Academic Year: _____

Student ID # _____ Date of Birth: ____/____/____

First: _____ Last: _____ M.I: _____

Current (Street/ Mailing) Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Day: ____-____-____ Evening: ____-____-____ Cell: ____-____-____

E-mail Address (please print clearly): _____

Ethnicity:

Native American or Alaska Native PI- Native Hawaiian or other Pacific Islander

Black/African American W- White H- Hispanic or Latino AS- Asian

O- Other (please specify): _____

GENDER: Male Female

U.S. Citizen or Permanent Resident Yes No

Non- U.S. Citizen on a Temporary Visa Yes No

House Hold Status:

Single- Head of Household Dependent- Lives with Parent(s)
 Married, if married, do both parents attend GRC? _____ Other _____

Are you currently employed? Yes No If yes, employer name: _____

Monthly income: _____

Military (Please check one)

Active Military _____ (Branch)

Veteran _____ (Branch) Dates of Service: _____

Family member (specify) _____

Child Care Information:

Please list the names and birthdates of your children ages 2 years to 12 years for whom you are requesting assistance.		Shaded Area for Program Use Only	
Child's Name	Child's Date of Birth (Month/ Date/ Year)	Monthly Cost to Parent	Child Care Center

How many hours do you plan to use the Children's Learning Center this semester? _____

College Information

Major/Degree: _____ **Number of Credits** _____

Expected Graduation Date: _____ **GPA** _____

Have you completed a FAFSA form? Yes No

Are you receiving a Pell Grant? Yes No

Enrollment: Part-time student Full-time student

Have you used any of the following GRC student support services in the past year?
(Check all that apply)

- Career and Advising Center
- Progress and Completion Center
- Progress and Completion Center: Benefits Hub
- Office of Disability Support Services
- Student Activities/ Student Clubs
- Counseling
- Workforce
- 8 TRIO/ SSS
- MESA
- Tutoring Resource Center
- Athletic Department
- Student Government Association
- Master Achiever Center (MAC)
- Other, (Please name) _____

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 DHS? 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:

6. Have you previously applied for a CCAMPIS Grant? Yes No

If yes, when? _____

Authorizations:

To receive services from CCAMPIS (a federally-funded program), Green River College must access student records to determine eligibility.

I authorize CCAMPIS Personnel to access my records at the Green River College 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: _____

CCAMPIS Administrative Use Only Pell Grant Status

Term Codes

- | | | |
|--|--|--|
| <input type="checkbox"/> R-Receiving Pell Grant | <input type="checkbox"/> G/C-Graduated/Completed | <input type="checkbox"/> C-Certificate |
| <input type="checkbox"/> E-Eligible but not receiving Pell Grant | <input type="checkbox"/> A-Attending | <input type="checkbox"/> D-Diploma |
| | <input type="checkbox"/> T-Transferred | <input type="checkbox"/> AA-Associates |
| | <input type="checkbox"/> W-Withdrew | Degree/Certificate |

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL –CCAMPIS FINANCIAL AID VERIFICATION

TO BE COMPLETED BY FINANCIAL AID OFFICER

FOR OFFICIAL USE ONLY

Student's Name: _____ Student ID#: _____

Number of credit hours enrolled: Fall: _____ Spring: _____ Summer: _____

Did student complete a FAFSA? Yes No

Is student eligible for Federal Pell Grant? Yes No If yes, indicate annual amount: \$ _____

What is the student's Federal Expected Family Contribution (EFC)? \$ _____

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

What is the student's household size according to federal guidelines? _____

What is the number of legal dependents the student has according to federal guidelines? _____

Financial Aid Officer: _____ Date: _____

(Please Print)

Signature: _____

Place Official Stamp Here: