



**CHILDCARE ACCESS MEANS PARENTS IN SCHOOL (CCAMPIS)  
CHILDCARE ASSISTANCE APPLICATION**

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**INFORMATION ABOUT CCAMPIS at STLCC (as of 3/30/2023)**

1. Applicants must be degree-seeking STLCC students currently enrolled in credit classes.
2. Applicants must meet the eligibility requirements to receive the Pell Grant as verified by the FAFSA Student Aid Report (SAR).
3. A complete CCAMPIS Application Packet must include: (1) the application form, (2) a copy of the student's FAFSA SAR, and (3) the student's current "Student Schedule" from the cashier's office.
4. Only complete packets including all these three components will be considered.
5. Applications must be submitted electronically to the CCAMPIS email address at [CCAMPIS@stlcc.edu](mailto:CCAMPIS@stlcc.edu).
6. Applications are available approximately two weeks prior to the start of each semester and are considered on a first come, first served basis (pending funding availability).
7. Applicants will be notified of their application status or award via their **my.stlcc.edu** email account.
8. Childcare services are located at Florissant Valley Child Development Laboratory Center (CDLC) and select accredited and/or licensed childcare centers in the area.

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**SECTION I                      DEMOGRAPHIC INFORMATION (complete all areas for application acceptance)**

STLCC Student ID#: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

STLCC Email Address: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Two or More Races

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

What is your household status? \_\_\_\_\_ Married \_\_\_\_\_ Not Married and Dependent on Parents  
 \_\_\_\_\_ Not Married and Independent

Pell Grant status for this semester: \_\_\_\_\_ Eligible \_\_\_\_\_ Receiving

Have you received a CCAMPIS Grant before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, semester & year: \_\_\_\_\_

Are you eligible to receive childcare assistance through the state of Missouri or Illinois?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Do you receive childcare assistance through the State of Missouri or Illinois? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**SECTION II SAINT LOUIS COMMUNITY COLLEGE INFORMATION**

What is your major? \_\_\_\_\_ Campus Affiliation: \_\_\_\_\_

Will you be involved in any of the following educational activities this semester?

\_\_\_\_\_ STLCC Career Development Internship \_\_\_\_\_ Federal Work-Study program

\_\_\_\_\_ STLCC Practicum/Clinical Experiences

Identify year in school: \_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc.) \_\_\_\_\_ Transfer Student \_\_\_\_\_ Other: \_\_\_\_\_

My goal is: \_\_\_\_\_ 2-year degree \_\_\_\_\_ certificate Expected Graduation Date: \_\_\_\_\_

Select the semester that you are applying for childcare assistance: \_\_\_\_\_

**SECTION III CHILDCARE PROVIDER INFORMATION**

The CCAMPIS Grant Award is paid directly to the eligible provider and not the student. **Applications will only be processed, and awards will only be allocated if this information is completed with an approved childcare provider.** Visit <https://stlcc.edu/student/personal-support/ccampis.aspx> to view the list of eligible providers. If your provider is not currently eligible, please contact the CCAMPIS Grant Project Coordinator at [CCAMPIS@stlcc.edu](mailto:CCAMPIS@stlcc.edu) or call 314-513-4209.

Name of Approved Childcare Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

List names, birthdates, and age of children (eligibility 6 weeks to 12 years old) who requires **CCAMPIS** Assistance.

First/Last Name	Date of Birth	Age

Number of children being assisted by CCAMPIS: \_\_\_\_\_

To receive services from this federally funded program, the CCAMPIS-STLCC grant program requires access to student records. I (the STLCC student) therefore authorize the Childcare Access Means Parents in School Program access to my records at St. Louis Community College. Records include- Student financial aid information, income level, other grants received, course grades, transcripts, and other related documents. This information will be held in the strictest confidence. I understand that if I am selected to receive CCAMPIS funding, information indicating I am a CCAMPIS participant will be shared with campus resources to support the successful completion of my educational goals.

I understand that this application will be considered for eligibility but does not guarantee participation in the program. The statements I have made on this initial information application form are complete and true to the best of my knowledge. Failure to disclose and submit complete and accurate information may result in the denial of acceptance and/or further participation in the CCAMPIS program.

If I am chosen as a participant of the CCAMPIS program, I understand that regular (greater or equal to 80% of the set schedule) childcare attendance and academic class attendance, participation in a CCAMPIS Workshop, and participating in the CCAMPIS end of semester survey is required. If I am chosen as a participant of the CCAMPIS program, I (the student) am responsible for payment of any remaining childcare fees not covered by the CCAMPIS grant and/or other subsidies. By signing and dating this application, I agree to the stated guidelines.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_