**Moreno Valley College**

**CCAMPIS Program Application**

Child Care Access Means Parents in School

New Applicant Returning Applicant

Section A. (To be completed by the applicant):

Full Legal Name (as it appears on your class schedule):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Id # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (if different from above address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MVC student e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity: (Select one or more):

* American Indian or Alaskan Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian or Other Pacific Islander
* White
* Decline to State

Citizenship (check one):  U.S. Citizen  Permanent Resident  Neither

If not a U.S. Citizen, what is your Alien Registration Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the following for the children you wish to receive CCAMPIS funding for:**

Child’s Full Name Child’s Age Child’s Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check which apply to you:

 First year in college  Second year in college  Third year in college  Four or more years

Anticipated graduation date (mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of units you intend to register (min 6 units) during upcoming semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term for which you need child care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Complete the following information based on your 20\_\_\_/20\_\_\_\_FAFSA Application\*\*\* (the academic year you are applying for)

Household size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax Filing Status: Choose 1**

* Female (dependent – live with parents/guardian)
* Male (dependent- live with parents/guardian)
* Female (single head of household)
* Male (single head of household)
* Female (married)
* Male (married)
* Married Couple (both attend MVC)
* Unmarried Couple (both attend MVC)
* Unmarried Couple (one attends MVC)

Will you be receiving a Pell Grant for the 20\_\_\_\_\_\_\_\_\_\_\_\_ School Year?  Yes  No

Have you received your award letter Yes  No

(Copy of award letter will be required)

**The following is a checklist for applying for CCAMPIS:**

**\*For you application to be reviewed you must include copies of the following forms:**

* Applied and accepted to MVC ECE Center Children’s Center
* Financial Aid Award Summary
* MVC Enrollment Verification (class schedule)

Once eligible, I understand that in order to remain eligible for the childcare subsidy, I will be required to:

**(Initial by each statement to indicate your understanding of the agreement to the following)**

\_\_\_\_\_\_\_Attend the mandatory parent orientation. Failure to attend will lead to cessation of all CCAMPIS funding.

\_\_\_\_\_\_\_Provide evidence of academic advising with an MVC counselor (Educational plan).

\_\_\_\_\_\_\_ Participate in two parent workshops hosted by MVC ECE Center.

\_\_\_\_\_\_\_Complete survey designed to evaluate the CCAMPIS.

\_\_\_\_\_\_\_ I understand that after the census of each semester, my class schedule will be verified with the schedule I have submitted to the center.

\_\_\_\_\_\_\_ I must maintain at least half-time academic enrollment (6 units) each semester. I also agree to bring my child at least 75% of their contracted child care hours. Failure to meet the

 Requirements will lead to immediate cessation of funds and possible monetary penalties up

 To/and including repayment of any CCAMPIS funding.

\_\_\_\_\_\_\_ I must maintain satisfactory academic progress as defined by MVC Financial Aid Office. This

 Includes completing the requisite number of units for my enrollment status (half-time or full

 Time) and maintaining a 2.0 GPA.

\_\_\_\_\_\_\_ I must provide written notice to the CCAMPIS Director of any changes in the information

 Provided on this CCAMPIS application or schedule changes within 5 calendar days. Failure

 To report such changes will result in forfeit of the grant funds.

\_\_\_\_\_\_\_ I understand if I do not fulfill ALL of my requirements and complete the requirements by the

 Due dates, I will be required to pay back either all of the subsidy or a portion of the subsidy I

 Received, and I will be placed on probation for the following semester.

\_\_\_\_\_\_\_ I understand that late paperwork and requirements will not be accepted. It is up to me to keep

 Track of which requirements I must complete and turn in the appropriate requirements/

 Paperwork by the due dates. If I miss a due date I will be responsible for paying for all or

 Part of the subsidy and will be place on probation for the following semester.

**Please read the following before signing your application:**

I declare under perjury that the above information is true and correct to the best of my knowledge. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others if necessary for the administration of the program. I understand that I must renew my eligibility each year. I understand that I must complete a separate application for the MVC ECE Center for each child I wish to enroll. I understand that this application is not complete until the application form has been signed and dated, and all documentation has been submitted by the applicant and verified by the CCAMPIS administration.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B (To be completed by CCAMPIS Administration)**

Pell Grant Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of units Enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizen or Permanent Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Qualifies  Does not qualify

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CCAMPIS Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_