



**SUNO CCAMPIS APPLICATION**  
**CHILD CARE ACCESS MEANS PARENTS IN SCHOOL**  
 (CCAMPIS)

RETURN TO: SUNO COLLEGE OF EDUCATION  
 6801 PRESS DRIVE, SUITE 250  
 New Orleans, LA 70126

Student-parent applicants are considered for childcare assistance through CCAMPIS funding based on eligibility status, financial income, need, resources, and family contribution levels.

Eligibility guidelines:

- Undergraduate students must be receiving a PELL Grant or be PELL Grant eligible based on the Expected Family Contribution (EFC). A FAFSA must be completed and on file with the Office of Student Financial Aid.
- Students enrolled full time at Southern University at New Orleans may be eligible to receive CCAMPIS assistance pending verification of eligibility, Expected Family Contribution, and Unmet Need.
- Childcare services must be at an approved SUNO College of Education and Human Development (COEHD) Center.

Program requirements:

- Attend one parent orientation **and** workshop
- Attend at least one academic counseling session each academic year
- Pay monthly co-payment for child care provided (depending on Estimated Family Income)
- Submit a pre-term and post-term evaluation
- Maintain good academic progress each term (GPA of 2.0 or higher)
- If needed, use resources available to me through COEHD in order to best serve my child

If you are interested in childcare through our program, please fill out the application on the following pages **completely** and return with additional required forms to the address above.

**SECTION I – DEMOGRAPHIC INFORMATION**

SUNO Banner U# \_\_\_\_\_  New Applicant  Returning Applicant

**Applicant Name**  Mr.  Mrs.  Ms. First \_\_\_\_\_ Last \_\_\_\_\_

**Spouse/Partner Name**  Mr.  Mrs.  Ms. First \_\_\_\_\_ Last \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Phone Numbers** Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address** (SUNO email) \_\_\_\_\_ (personal email) \_\_\_\_\_

**Race/Ethnicity (Select all that apply)**

- American Indian or Alaska Native  Asian  Hawaiian or Pacific Islander  
 Black or African American  Hispanic or Latino  White

**Gender**  Female  Male **Are your parents veterans or members of the military?**  Yes  No

**Household Status**  Married  Not Married and Independent  Not Married & Dependent of Parent(s)

**Are you a Citizen of the U.S.?**  Yes  No **If not, what is your status?** \_\_\_\_\_ **Country** \_\_\_\_\_

**SECTION II – COLLEGE INFORMATION**

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

Cumulative Credits to Date: \_\_\_\_\_ Current Enrolled Credits: \_\_\_\_\_

Expected Graduation Date (mm/yyyy): \_\_\_\_\_ GPA Current: \_\_\_\_\_ Cumulative: \_\_\_\_\_

Have you completed a FAFSA form?  Yes  No Are you receiving a Pell Grant?  Yes  No

Student Grade Level:  Freshmen  Sophomore  Junior  Senior

Are you a transfer student? If yes, from where are you transferring? \_\_\_\_\_

Name of Parent Affiliated with SUNO \_\_\_\_\_

Is your Spouse/Partner a student?  Yes  No If yes, at what college/university? \_\_\_\_\_

Are you the first to attend college in your family?  Yes  No

**SECTION III – CHILD CARE PROVIDER INFORMATION**

Does your child currently receive childcare?  Yes  No If yes, where? \_\_\_\_\_

Are you currently receiving childcare assistance through the Department of Human Services?  Yes  No

Do you receive other financial support for childcare tuition such as non-custodial parent, extended family contributions, military childcare assistance, tribal childcare subsidy, or any other agency support?  Yes  No

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

Please list the names and birth dates of the children in your household (between the ages 3 months – 5 years) for whom you are requesting assistance.				For Program Use Only
Child's Name	Child's Date of Birth (Month/Day/Year)	Child's Age	Date Needing Care	Monthly Cost to Parent

**Total number** of persons living in household (children and adults including yourself): \_\_\_\_\_

**SECTION IV – FINANCIAL INFORMATION**

Income Source	Self	Spouse/Partner
Grants		
Loans		
Public Assistance (indicate type below)		
Income from work	\$_____/month OR \$_____/year	\$_____/month OR \$_____/year
Other Sources of Income: \$_____ \$_____ Family funding \$_____ Child Support \$_____ SSI \$_____ Unemployment \$_____ Alimony \$_____ Other		

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**SECTION V – CCAMPIS Letter of Agreement**

In order to receive the CCAMPIS grant assistance for childcare services, ALL CCAMPIS recipients must complete all program requirements within the contract year in order to continue receiving services.

**Please initial that you have read, understand and agree to the following:**

\_\_\_\_ I understand that the goal of the CCAMPIS program is to assist me with child care expenses so that I can remain enrolled at SUNO, and persist towards earning my degree.

\_\_\_\_ My participation in the program is dependent upon my successful completion of term credits on a consistent basis towards earning my degree.

\_\_\_\_ If I drop classes during any given term and fall below full-time status, I agree to contact the CCAMPIS Program Coordinator immediately.

\_\_\_\_ I understand I am immediately responsible for 100% of all childcare fees charged by the center if I withdraw as a student from SUNO.

\_\_\_\_ I understand that I will be required to complete regular program evaluations and this is essential to my ongoing funding through the CCAMPIS program.

\_\_\_\_ I understand I am required to attend one academic counseling session, one orientation and workshop per year that I am enrolled in the CCAMPIS program.

\_\_\_\_ I understand and give permission for SUNO College of Education and Human Development Department to access my personal financial and academic information through the SUNO Student Financial Aid and Registrar’s Office to determine eligibility of enrollment in the CCAMPIS program.

\_\_\_\_ I understand that aggregate information, but no personal information, will be shared with the U.S. Department of Education in Washington D.C., who funds this program.

\_\_\_\_ I agree to complete a post SUNO graduation survey, even after my child is no longer receiving services at ECEC pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and accurate to the best of my knowledge. I understand and accept the obligations of the program and will provide a written report to the CCAMPIS Program Coordinator of any changes in the information provided on this application within 10 days of the change. If I do not, I understand that I am financially responsible for all childcare tuition costs charged by the childcare center. Changes may include, but are not limited to my SUNO enrollment, credit hours, and SUNO financial aid status.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Forms to submit checklist:

- Financial Aid Award (Print from Banner)
- Birth Certificate of child needing care
- Proof of Residence
- Concise Class Schedule
- Work Schedule
- Student ID