



Revised: January 2019  
RETURN TO: Joliet Junior College Early Childhood Center  
1215 Houbolt Road  
Joliet, Illinois 60431-8938  
Phone: 815-280-2280  
Fax: 815-280-2880

**Joliet Junior College Early Childhood Center**  
**CHILD CARE TUITION ASSISTANCE APPLICATION**  
*CHILD CARE ACCESS MEANS PARENTS IN SCHOOL*  
**Application for Spring 2021**

---

---

## INFORMATION ABOUT CCAMPIS

*Student-parent applicants are considered for child care tuition assistance on the basis of financial income, need, resources and the number of applications.*

1. *Students must be receiving a PELL Grant or be otherwise PELL Grant eligible based on the Expected Family Contribution (FAFSA should be completed and on file with the Office of Financial Aid).*
2. *Childcare services must be provided by the Joliet Junior College Early Childhood Center.*
  - A. *If childcare services cannot be provided by the Joliet Junior College Early Childhood Center the center will partner with an Early Childhood Center to meet the needs of the student family within reasonable accommodations and through contractual partners.*
3. *Only student-parents enrolled at Joliet Junior College are eligible to receive CCAMPIS assistance.*
4. *A renewal process must be completed each semester.*

**Applications are due as soon as possible. Please drop application and all other materials in the drop box in the vestibule of the Early Childhood Center. You may also mail back the application if this method is more convenient for your family.**

**The following documentation must be attached to this application.**

- Proof of Income – Household Income Eligibility form
- Proof of Pell or Pell Eligibility (Award Letter)
- My Degree Progress (e-resources) please ensure that your Fall 2020 grades are posted
- Essay -1 page (guidelines page 5)
- Current Class Schedule
- FAFSA Student Aid Report ( FAFSA website)
- CCR&R Application Submitted (Please bring in Provider form to be signed)

---

---

## SECTION I - DEMOGRAPHIC INFORMATION

Student ID #: \_\_\_\_\_ Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Childs Date of Birth: \_\_\_\_\_

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

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

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

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

U.S. Citizen or Permanent Resident?  Yes  No

### **Race/Ethnicity (Indicate with a X)**

- AI (American Indian or Alaska native)  AS (Asian)
- B (Black or African American)
- H (Hispanic or Latino)
- PI (Hawaiian or Other Pacific Islander)
- W (White)
- TM (Two or More Races)

### **Gender (Indicate with a X)**

- M (Male)
- F (Female)

### **Household Status (Indicate with a X)**

- M (Married)
- D (Not Married and Dependent on Parent(s))
- I (Not Married and Independent) An unmarried participant who lives with or is supported by a person(s) other than a parent(s) is considered not married and independent.

## SECTION II- COLLEGE INFORMATION

Do you have a declared major? If so what is your major? \_\_\_\_\_

Current GPA: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Have you completed and submitted a FAFSA form?  Yes  No

Are you PELL eligible?  Yes  No  Yes, I am Eligible but not receiving

Student Status:  Full-Time  Part-Time

Degree seeking  Certificate  Transfer Expected Date: \_\_\_\_\_

Have you applied for childcare assistance through CCR&R / CCAP ?  Yes  No

If you have not applied please visit and fill out this application. Print and bring it in for us to fill out the provider information on pages 11 through 13: [CCRR Application](http://www.dhs.state.il.us/page.aspx?item=68333)  
Link: <http://www.dhs.state.il.us/page.aspx?item=68333>  
The application is in English and Spanish.

Do you receive any 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

Please list types of support you receive:

\_\_\_\_\_

Have you previously applied for a CCAMPIS Grant?  Yes  No

If yes, when? \_\_\_\_\_

---

---

## SECTION II - STUDENT RECORDS & AGREEMENT

To receive services from this federally-funded program CCAMPIS, requires access to student records. I therefore authorize the Childcare Access Means Parents in School Program to have access to my records at Joliet Junior College and the Early Childhood Center. All information will remain confidential. Records include:

- Student Financial Aid information, income level, and type of grants
- Enrollment information including current financial aid and academic status.

## **CCAMPIS ASSISTANCE AGREEMENT**

Please initial each statement:

- \_\_\_\_\_ If selected as a grant recipient, I agree to abide by the Early Childhood Center requirements for parent involvement and participation and will provide all required verification information at the end of the award period.
- \_\_\_\_\_ I must maintain a minimum of 2.0 grade point average and receive a C or better in all classes.
- \_\_\_\_\_ I am required to provide an exit survey at the end of the semester on the benefits of this program.
- \_\_\_\_\_ I am responsible for the balance on my child care account and must pay in full to avoid restrictions.
- \_\_\_\_\_ I am required to notify the JJC ECC immediately, in writing if there are changes in my class schedule.
- \_\_\_\_\_ I must maintain a minimum of 6 credit hours in courses required for my degree/certificate program.
- \_\_\_\_\_ If my schedule drops below 6 credit hours, I am no longer eligible for assistance based on drop date.
- \_\_\_\_\_ I am responsible for payment in full of my child care services if I fail to comply with the requirements of the Early Childhood Center or the scholarship requirements and that restitution may be sought.
- \_\_\_\_\_ I must be complete a redetermination application each semester for this scholarship (when funds are available) regardless of award status.
- \_\_\_\_\_ I will be responsible to repay any award amount(s) if I am no longer eligible to receive.
- \_\_\_\_\_ I must be in academic 'good standing' to apply and/or receive scholarship assistance.
- \_\_\_\_\_ I am required to submit a copy of my grades at midterm to be eligible to receive funding for the second half of the semester as well as final grades at the end of the semester to be eligible for redetermination.

I certify that to the best of my knowledge, statements I have made on this initial information application form are complete and true. Failure to disclose and submit complete and accurate information may result in the denial of acceptance to the CCAMPIS program.

I will be responsible to report any changes of my financial status, childcare status, and academic status to CCAMPIS immediately.

**Failure to comply with the guidelines above may result in termination of assistance and/or child care services.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

### **ESSAY GUIDELINES:**

\*Please write a 1-page essay on how this Childcare Assistance scholarship would benefit you and your future academic goals. This essay should be on a separate sheet of paper attached to this application.

**Your essay should be a minimum of one full page following formatting instructions below:**

- Double spaced
- Times New Roman font
- 12 point font
- One-inch top, bottom, and side margins
- Your name and student ID and your degree /certificate program should be in the header

Start with an introduction of yourself. Answer the following questions using essay format.

**QUESTION 1:** What are your career goals, and how will earning a college degree or certificate from JJC help you achieve those goals?

**QUESTION 2:** What is the most challenging aspect of attending College for you? What have you done to overcome that challenge?

**QUESTION 3:** Why should you be selected for a scholarship? Please describe any academic achievements, community service activities, examples of leadership, or other personal characteristics that make you deserving of this scholarship

**SECTION IV- CHILD CARE BILLING INFORMATION**

List below the names and birthdates of your children for Whom you are requesting assistance.		<u>Shaded areas to be filled out by the program representative from the Early Childhood Center</u>		
Child's Name	Birthdate	Semester Tuition Cost	CCAMPIS Award	Cost to Parent
Managers Signature: _____ Date: _____				

**PROGRAM SPECIALIST USE:**