The Child Care Access Means Parents in School (CCAMPIS) grant is awarded to the University of Houston Children’s Learning Centers (CLC) by the U.S. Department of Education.

CCAMPIS Project Goals:

- Continue to support the participation of parents in postsecondary education through the provision of campus-based child care services
- Continue to provide affordable exemplary early childhood education and services for parents and their children
- Continue to empower students through specifically designed services to stay in higher education and graduate
- Continue to evaluate/report the effects of campus-based child care services on student parent retention/graduation
- Continue to contribute to parent knowledge of early childhood and increase the understanding of their role as their child’s first teacher

Who is eligible to apply?

- A UH student parent who has a child enrolled at CLC
- A UH student parent with UH PeopleSoft records indicating:
  - Enrollment as student at UH (minimum 6 credit hours)
  - Good academic standing
  - Federal Pell grant award eligibility (with a FAFSA on file at UH Scholarships and Financial Aid Office)
  - An unmet financial need (after acceptance of UH assistance is processed)

Application Instructions

Students applying to the CCAMPIS Program must complete this application and return it to the UH Children’s Learning Centers. Applications must be completed in ink or typed.

The following items must accompany each application:

- A copy of your most recent college transcript (unofficial)
- A copy of your class schedule for the current semester
- A copy of your UH PeopleSoft Award Summary For Aid Year 2022
- An essay describing, “How the CCAMPIS assistance will help you pursue your educational degree.” This essay must be typed, double-spaced and no more than two pages in length.
- A copy of your UH PeopleSoft Federal Pell Grant Award (if applicable)

Only complete applications will be processed

Please keep this page for your reference
**Personal Information**

Applicant Name: ____________________________________________ □ Female □ Male

UH PeopleSoft ID #: __________________________ GPA: ________________

E-mail: __________________________________________________

Phone #: __________________________ Cell #: __________________________

Permanent Home Street Address __________________________________________

Apartment #:_________ City:_________ State:_________ Zip:_________

Number of children: ___________ Name(s) of child(ren) enrolled at CLC: ____________

**Information for the Department of Education**

**Household Status: Select one**

□ Married
□ Not married & Dependent on Parents
□ Not married & Independent*

* An unmarried participant who lives with or is supported by a person(s) other than a parent(s) is considered “Not married & Independent”

**Race/Ethnicity: Select one or more**

□ American Indian or Alaskan Native
□ Asian
□ Black or African American
□ Hispanic or Latino
□ Hawaiian or Other Pacific Islander
□ White
□ Two or More Races

**College Information:**
Indicate your classification at the University:
□ Freshmen □ Sophomore □ Junior □ Senior □ Graduate Student

Total number of years enrolled at UH? _____________ Expected graduation date: ____________

Updated July 2021
Financial Information

Pell Grant Status:

☐ Receiving the Pell Grant- Federal Pell Grant award amount for FY22 $___________
☐ Low Income Graduate Student- Estimated Family Contribution amount for FY22 $___________

Parenting Information

In order to receive tuition assistance ALL CLC CCAMPIS recipients must participate in *Project IMPACT* (a parenting program designed to build knowledge and relationships). In addition participation in Surveys are required.

I commit to participating in CLC:

☐ Parenting education
☐ School retention/motivation projects
☐ CCAMPIS Surveys

I understand and accept the obligation to provide a written report to CLC/CCAMPIS coordinator of any changes in the information provided on this application within 10 days of the change. Changes may include, but are not limited to my UH enrollment and UH financial status. Failure to report such changes may result in a forfeiture of grant funds.

I certify that the information on this application is true and correct to the best of my knowledge and I promise to provide additional documentation if requested.

I understand that this form is used to establish eligibility for CCAMPIS, and that if I purposely give false or misleading information on this form, it will result in the forfeiture of future awards from this program.

Applicant’s Name: ____________________________________________

Applicant’s Signature:_________________________________________ Date: __________________
Please fill out this survey for the University of Houston Children’s Learning Centers CCAMPIS Program.

Name: ______________

**Parenting Information**

How often do you do activities with your child?

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How often do you read to your child?

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Are you familiar with developmentally appropriate activities for your child?

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Do you feel prepared to handle health and safety issues related to your child?

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What parenting topics interest you?

____________________________________________________________________________________

How can the Children’s Learning Centers best support you and your child?

____________________________________________________________________________________
CCAMPIS Benefit Information

During hours of CCAMPIS provided child care, I will be able to:

Please check all that apply:

☐ Attend class
☐ Take earlier classes
☐ Take later classes
☐ Have additional study time
☐ Spend more time in the library/computer lab
☐ Obtain tutoring assistance
☐ Obtain advising or counseling support
☐ Participate in group study projects or meetings
☐ Other: ________________________________

Retention/Graduation Information

How significant is the CCAMPIS grant support in enabling you to complete your degree?

☐ Extremely Important  ☐ Important  ☐ Helpful  ☐ Not Important  ☐ Not Helpful

Please check all that apply:

☐ I would not be able to enroll at UH without the CCAMPIS grant assistance
☐ I would not be able to persist at UH without the CCAMPIS grant assistance
☐ I would not be able to graduate from UH without the CCAMPIS grant assistance

_________________________  _________________________
Signature                  Date