



CCAMPIS APPLICATION

Return To: RLC Foundation Children's Center

468 N. Ken Gray Pkwy
Ina, IL 62846

Student-parent applicants are considered for child care assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources, and family contribution levels.

Eligibility guidelines:

- Child care services may be provided by the RLC Children's Center or another licensed provider.

Program requirements:

- Attend one parent orientation and workshop per semester.
- Attend at least one academic counseling session per semester
- 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 Rend Lake College 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

Warrior Tag#: _____ 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 _____ County _____

Phone Numbers: Home _____ Work _____ Cell _____

Email Address (Warriormail) _____

(personal email) _____

Race/Ethnicity: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Hawaiian or Pacific Islander | <input type="checkbox"/> White |

Gender: Female Male Are any parents veterans or members of the military? Yes No

Household Status: Married Single

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

SECTION II-COLLEGE INFORMATION

Semester Applying for: _____ 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 Status: Full Time ¾ Time (9-11 hours) Part Time (8.5 hours or less)

Educational Goal: AA AS AAS Certificate Transfer

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

SECTION III-CHILD CARE PROVIDER INFORMATION

Does your child currently receive child care? Yes No If yes, where? _____

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

Do you receive other financial support for child care tuition such as non-custodial parent, extended family contributions, military child care assistance, tribal child care 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 of 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	Place a check next to days needing care. M T W Th F	Monthly Cost to Parent
			M T W Th F	
			M T W Th F	
			M T W Th F	

Total number of persons living in household {children and adults including yourself): _____

How did you hear about the CCAMPIS program? (check all that apply)

- Another Student
- Faculty/Staff Member
- Flyer/Poster on Campus
- Facebook
- Children's Center Staff
- Campus Wide Email
- Other _____

SECTION V - CCAMPIS Letter of Agreement

In order to receive the CCAMPIS grant assistance for child care 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 RLC, and persist towards earning my degree.

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

_____ If I drop classes and fall below my present enrollment status, I agree to contact the CCAMPIS Program Director immediately.

_____ I understand I am immediately responsible for 100% of all child care fees charged my child care provider if I withdraw as a student from RLC.

_____ 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 semester that I am enrolled in the CCAMPIS program.

_____ I understand and give permission for RLC CCAMPIS to access my personal financial and academic information through the RLC Student Financial Aid and Student Record'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 maintain good academic standing (67% completion credits attempted, and a 2.0 GPA or higher) as well attended my classes on a regular basis.

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 Project Director 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 child care tuition costs charged by the child care provider. Changes may include, but are not limited to my enrollment, credit hours, and financial status.

Signature _____

Date: _____

Forms to submit checklist:

- Class Schedule
- Work Schedule
- Student ID
- Unofficial Transcripts