



APPLY NOW

Eligible ASU-Beebe students are encouraged to apply for grant funding to assist in child care costs.

CARE FOR YOUR CHILD &

ATTAIN YOUR DEGREE!

## WE OFFER:

### CONTACT

US NOW



501.882.8963



ccampis@asub.edu



State Hall 125C  
ASU-Beebe



#### FINANCIAL SUPPORT

Connect with accredited, high quality educational childcare services.

The CCAMPIS Grant program pays up to 100% of monthly childcare tuition at participating child care centers.



#### ACCESS TO INFORMATION

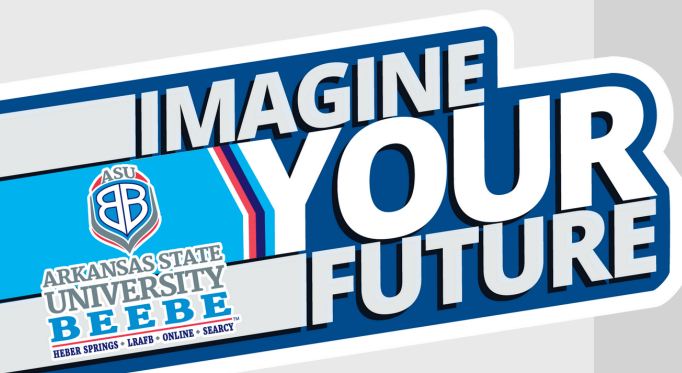
Gain access to information and networks for institutional and community resources.

Engage in a learning community with other student-parents.



#### PERSONALIZATION

Get personalized coaching and support



# Arkansas State University-Beebe

## CCAMPIS Application

Beebe – Heber Springs – LRAFB - Searcy

### Personal Information

Name:		Banner ID:		Campus Attending:	
Date of Birth:		Home Phone #:		Cell Phone#:	
Address:			ASUB Email Address:		
City:		State:		Zip:	
Ethnicity: American Indian/Alaska Native      Asian American Black/African American                  Hispanic or Latino Native Hawaiian/Pacific Islander      White Biracial    Other                  No Race Reported			Current Educational Level: GED    High School Certificate                                  Associates Degree Other		
Gender: Male      Female	Are you a first-generation student? Yes                                  No		Are you a single parent? Yes                                  No		
What are your Educational/Career goals:					

Parent 2: Spouse or father/mother of the child that lives with you: Name:	Is Parent 2 a student?      YES      NO If yes, at what college/university?
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### Household Information

Number in household:	Primary language spoken in the home:
Child (children) age 5 and under needing preschool/daycare services: Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____	
Does your child have any special needs: <i>Please include developmental, physical, nutritional, etc...</i>	

### Emergency Contact Information:

Name:	Relationship:	Phone Number:
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**RETURN TO: ASUB TRIO**  
**ATTN: DR. CONNIE NOWELL**  
**P.O. BOX 1000**  
**BEEBE, AR 72012**  
**STATE HALL, RM 125C**

[cdnowell@asub.edu](mailto:cdnowell@asub.edu)      501.882.8963

### Employment Information (Applicant)

Employment Status:	Unemployed	Full-Time	Part-Time
Employer Name:	Supervisor:		
Employers Phone #:	Hours worked per week:		

### Employment Information (Parent 2)

Employment Status:	Unemployed	Full-Time	Part-Time
Employer Name:	Supervisor:		
Employers Phone #:	Hours worked per week:		

### ACADEMIC INFORMATION:

Have you completed the FAFSA? ___ Yes ___ No		Do you receive or are you eligible to receive a Pell grant? ___ Yes ___ No	
Student Status: Full Time      Part Time	Number of hours enrolled in:	Cumulative hours earned _____ _____ This is my first semester	
Degree:		Anticipated Date of Graduation:	
Classification: Freshman Sophomore		Semester GPA: _____ This is my first semester: _____	

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

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

**All applicants must submit the following documents with each application (only complete applications can be processed):**

- ✓ A current class schedule
- ✓ A copy of your most recent college unofficial transcript, or mark here if this is your first semester and you do not have a transcript      I am a first semester student
- ✓ A copy of your Student Financial Aid Award Letter (see Financial Aid if you need help locating this)
- ✓ A copy of your most recently prepared income tax return, with **ALL Social Security Numbers BLACKED OUT, or a signed statement indicating you did not file taxes.**

***Return completed application and required documentation to State Hall, Rm 125C.  
Funds will be distributed on a first come, first serve basis as qualifications are met. A waiting list will be developed once funds for the semester are allocated.***

Arkansas State University Beebe  
**CCAMPIS Program Guidelines and  
Letter of Agreement**

Please initial by each of the following statements stating you have read, understand and agree to each:

\_\_\_\_ CCAMPIS will assist in the childcare expenses of my child(ren) so that I may remain enrolled at Arkansas State University Beebe and work toward obtaining my degree.

\_\_\_\_ I am responsible for the difference between the amount CCAMPIS pays and the amount charged by the child care center.

\_\_\_\_ I will begin each semester enrolled at least half-time. I will inform the CCAMPIS Director immediately if I drop a class

\_\_\_\_ I will attend classes regularly and make every effort to complete classes with a 2.0 GPA. (additional support services are available to help with this as needed)

\_\_\_\_ I will be responsible for all child care fees charged by the center if I withdraw as a student from ASUB. Childcare assistance will not be available again until I am enrolled as a full or part time student.

\_\_\_\_ I will complete CCAMPIS program evaluations and attend scheduled parent meetings.

\_\_\_\_ I am Pell Grant eligible and give permission for my personal, financial and academic records to be accessed through ASUB to determine eligibility for enrollment in the CCAMPIS program.

\_\_\_\_ I will comply with the rules and regulations of the child care facility. Arkansas State University Beebe and the CCAMPIS Program are not responsible for policies and procedures of the childcare facilities.

\_\_\_\_ I give permission for child care facility to release attendance records for my child(ren) that are receiving assistance through the CCAMPIS Program.

\_\_\_\_ I agree to meet with the Program Director each semester to determine eligibility and provide ALL required documentation.

I have read and understand the above guidelines and certify that the information provided is accurate to the best of my ability. I understand that it is my responsibility to obtain child care with a licensed child care provider and provide all required documents needed to be approved for assistance.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

CCAMPIS Director Signature \_\_\_\_\_

Date \_\_\_\_\_

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