



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



501.882.4402



ccampis@asub.edu



State Hall 136
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

Applicant 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 Black/African American Native Hawaiian/Pacific Islander Biracial Other			Asian American Hispanic or Latino White No Race Reported		Current Educational Level: GED Certificate Other High School Associates Degree
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) needing preschool/daycare/ before/after school 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>			
Daycare Information: Do you currently have a daycare provider that you are using?			
If yes, please provide name & contact information :			

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 136.
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 _____

**RETURN TO: ASUB TRIO
ATTN: Pamela Jones**

**P.O. BOX 1000
BEEBE, AR 72012
STATE HALL, RM 136
ccampis@asub.edu 501.882.4402
CCAMPIS Application 2024/25**