



Attention: This form is applicable on a per term basis to CCM CCAMPIS GRANT subsidy student applicants currently registered and based on their completing annually, the Free Application for Federal Student Aid (FAFSA) process with PELL grant eligibility. Limited subsidy grant available, apply early.

CCM-CCAMPIS GRANT STUDENT APPLICATION



Academic Semester applying for: _____

Semester(s) you plan to enroll at County College of Morris *(Select all terms that apply below)*

<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Winterim	<input type="checkbox"/> Summer
Credits: _____	Credits: _____	Credits: _____	Credits: _____
Current CCM Major: _____			

PLEASE READ EACH SECTION CAREFULLY BEFORE SIGNING.

About the Grant:

CCAMPIS stands for Child Care Access Means Parents In School. It is a federally funded grant, which County College of Morris received to assist student parents with their childcare cost while completing their degree.

The grant award is a 4 year federal grant through the US Department of Education, however all applicants must apply every year, and provide all necessary documentation and fulfill all requirements.

Student parent applicants are considered for childcare assistance through CCAMPIS funding on the basis of eligibility status, financial income, need, resources and family contribution levels as per their FAFSA results.

To learn more about the U.S. Department of Education’s CCAMPIS Program visit:

<https://www2.ed.gov/programs/campisp/index.html>

Student Name (LFM): _____	CCM ID#: _____
*Dependent Name: 1. _____ 2. _____	*Dependent 1. Age: _____ 2. Age: _____
Mailing Address: Email: _____	Phone <i>(Select preferred)</i> <input type="radio"/> Home: _____ <input type="radio"/> Cell: _____ <input type="radio"/> Work: _____

** Please submit a copy of your child’s birth certificate or Legal Guardianship Court document to the Financial Aid Office, Location: Student Community Center, room 210 or email a clear copy indicating your CCM student id# to finaid@ccm.edu with subject line “CCAMPIS”.*

CCM CCAMPIS ELIGIBILITY REQUIREMENTS & GUIDELINES

1. Must file the Free Application for Federal Student Aid ([FAFSA](#)), identifying CCM as your school of choice
2. Must be a U.S. Citizen or Eligible Non-Citizen
3. Must receive a PELL Grant or be PELL eligible based on the Expected Family Contribution (EFC #) on the FAFSA.
4. Enroll for a minimum of six (6) approved credits each term at County College of Morris
5. Any change in registration status will affect the CCAMPIS Grant.
6. Participate in program orientation, intensive academic advising, tutoring toward academic success.
7. Register for courses required for your current CCM program of study
8. Maintain [Satisfactory Academic Progress](#) in your course of study (major).
9. Academically identified at risk students will be referred to The Academic Success Center ([TASC](#)) and [Tutoring Center](#) for academic support
10. Class attendance confirmation each term and adherence to County College of Morris' course [withdrawal policy](#)
11. CCM CCAMPIS grant payment is last dollar after all other facility tuition benefit and or subsidy payment (*your out of pocket cost*).
12. Participating student parent must select a Childcare facility pre-approved by the CCM CCAMPIS authorized personnel
13. Submit proof of your dependent(s) Example: *Birth certificate or Legal Guardianship Court document (if applicable)*
14. Disclose your dependent(s) name, age and selected childcare facility term invoice with this application.

CCM CCAMPIS APPROVED PARTICIPATING CHILDCARE FACILITY LOCATIONS:

SELECT YOUR CHOICE BELOW (Select one only)

<input type="checkbox"/> Dover	<input type="checkbox"/> Flanders	<input type="checkbox"/> Hopatcong	<input type="checkbox"/> Kenvil	<input type="checkbox"/> Lake Hopatcong	<input type="checkbox"/> Landing	<input type="checkbox"/> Montville	<input type="checkbox"/> Mt. Olive	<input type="checkbox"/> Parsippany	<input type="checkbox"/> Passaic	<input type="checkbox"/> Roxbury
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SELECTED CHILDCARE FACILITY SECTION:

Facility Name:
Current Term Tuition Cost (<i>excluding other benefits</i>): \$
Is this parent receiving other childcare tuition benefits? Yes [] or No []

Childcare Facility Representative completing this section:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Name: _____	
Title: _____	
Email: _____	
Signature/Date: _____	

Important: This form is only applicable to CCM CCAMPIS grant eligibility, with payment as last dollar after all other term tuition benefits/subsidy (*Your out of pocket cost*); and directly to your selected, approved Childcare Facility for your above listed dependent(s) of which is not transferable for other dependents not listed. Adherence is required to all federal and the County College of Morris policies and procedures, which include the student code of conduct. Additionally, this grant is not applicable toward CCM tuition/fees payment; cover childcare cost in full (*percentage based on your estimated family contribution (EFC)*) nor payment for past semester(s) or years childcare cost.

CERTIFICATION:

By signing below, I acknowledge that I understand the information above and all information given is true and complete to the best of my knowledge. I further agree to submit proof of the above information upon request, understanding that if I do not submit all requested documentation my request will be denied. I also understand that if granted the CCM Childcare subsidy, that the amount is subject to reduction, cancellation and or repayment to CCM based on corrections made to my initial [FAFSA](#) and or changes in my enrollment activity. I understand that failure to meet all requirements; I will be fully responsible for paying the Childcare Facility for my dependent.

Student Signature: _____ Date: _____

Student Name	CCM ID#
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COUNTY COLLEGE OF MORRIS – FINANCIAL AID OFFICE (CCAMPIS) USE ONLY

Approved	<input type="checkbox"/>	Childcare Facility Name: _____	No. Dependents: _____	<input type="checkbox"/> Infant (0-1) <input type="checkbox"/> Toddler (1-3) <input type="checkbox"/> Preschool (3-5)
Denied	<input type="checkbox"/>	Term: _____	Enrollment: FT/QT (9 or more) [] ; PT (6-8.5) []	
EFC#:	CCAMPIS Subsidy: 90% [] 70% [] 50% [] 30% [] Other []			Subsidy Amount: \$
Reason if Denied				

CCM Authorized Signature: _____ Date: _____