CSI CCAMPIS Child Care Scholarship Requirements

Listed below are the requirements set forth for the CCAMPIS Child Care Scholarship. Failure to complete these requirements will result in a loss of your scholarship and consideration for future CCAMPIS scholarships.

- The childcare provider used for the scholarship MUST be a state licensed provider.
- Scholarship eligibility is for children 5 years of age or younger.
- Applicant must be Pell Eligible (must complete FASFA to be considered).
- Maintain a minimum cumulative GPA of 2.00.
- Be enrolled as a student at the College of Southern Idaho.
- Attend all CCAMPIS monthly workshops per semester. (If there is a conflict or an emergency, you must speak with the CCAMPIS Administrative Assistant ahead of time.)
- Meet with your advisor at least once per semester.
- Attend a minimum of 2 parent advisory meetings per semester.
- Attend a minimum of 1 family orientation meeting per semester.
- Attend 1 READY! For Kindergarten workshop per semester.
CSI CCAMPIS Child Care Scholarship
Spring 2024 (Application Deadline: January 19th)

Limited funds available. Awards are provided on a first come first serve basis.

Turn in completed applications to Jayde Wilson at JWilson7@csi.edu or Clara Centeno at the CSI Early Learning Center with ALL attachments (copy of each childcare STATE LICENSE, CHILDCARE FACILITY W-9, CURRENT DAYCARE STATEMENT and your completed ESSAY question).

*Note: Applicant must be a College of Southern Idaho student, with a CSI cumulative 2.0 GPA.

One application per household accepted.

First Name: __________________  Middle Initial: _____  Last Name: __________________________________________

Address: ______________________________________________________________________________________

City: _____________________________ State: ______________ Zip Code: _______________________

Daytime Phone: __________________________  Cell Phone: __________________________

Email Address: __________________________________________________________ CSI ID Number: ____________

CSI Cumulative GPA: _________ (Listed on your unofficial transcript as local GPA)

Expected Graduation Date: ____________________________________________________________

How did you hear about this scholarship: _______________________________________________________________________________________________________

Have you received this scholarship before, if yes please list when:
___________________________________________________________________________________________

All information must be completed, or application will be void.

*Information is used in determining your scholarship award*

CSI Program (Major)
Self: __________________________________________ # of Credits Currently Enrolled in: ______________

Spouse: __________________________________________ # of Credits Currently Enrolled in: ______________

Child Care Information for children under 5 years of age
# of Eligible Children: ______________  # Enrolled in State Licensed Child Care: _______________

Total Child Care Expense per Month: ________________ Total Paid by Agency per Month: ______________

Attach statement from childcare to show actual charges and amount paid by you (not ICCP)

Provide the below information for each child enrolled in childcare.

____________________________________________________________________________________________

Name: __________________  Age & Birthdate: __________  Name of Center: ______________  Date Enrolled

____________________________________________________________________________________________

Name of Center: ______________________________ State License #: ___________ (You must attach copy of the license)

Address: ______________________________________________________________________________________

Name of Director: ______________________________ Phone Number: __________________________

Name of Center: ______________________________ State License #: ___________ (You must attach copy of the license)

Address: ______________________________________________________________________________________

Name of Director: ______________________________ Phone Number: __________________________
Please see the essay question Below

*Remember: Turn in the completed application to Jayde Wilson at JWilsom7@csi.edu or Clara Centeno at the CSI Early Learning Center with the necessary attachments (copy of each childcare STATE LICENSE, CHILDCARE FACILITY W-9, CURRENT DAYCARE STATEMENT and your completed ESSAY question).

Two or three paragraphs, that explains why you would benefit from being awarded this scholarship (attach additional pages if needed):

- **Start with a brief introduction** (In this introductory paragraph, you give the selection committee a picture of who you are) parenting student, first generation student, Displaced Worker, Re-entry Student, or any other information that would pertain to you being an exceptional candidate for this scholarship.
- **Explain how you are paying for college now** - Let them know you are not ignoring other sources of help. Detail what steps you have already taken to pay for your education.
- **Explain difficulties you are having in meeting your needs** - talk about any changes that have occurred in your life that impact your ability to pay for your education. For instance, there may have been changes in your family’s income, unanticipated expenses, or a shortfall in your finances.

By signing below, you agree to participate in the workshops and activities listed on the first page of this application. Dates of all workshops and classes will be given during your parent advisory call, if you are unable to attend certain workshops and classes due to work or classes, we have additional options for you.

Signature: __________________________________________________________ Date: _____________

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