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
Child Care Scholarship Award Application

Fall 2023 (Application Deadline: August 25th)

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

Turn in completed applications to the CSI Financial Aid/Scholarship Office

*Note: Applicant must be a College of Southern Idaho student, with a CSI cumulative 2.0 GPA.
One application per household is 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 the 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 a statement from childcare to show actual charges and amount paid by you (not ICCP)

Provide the below information for each child enrolled in childcare.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age &amp; Birthdate</th>
<th>Name of Center</th>
<th>Date Enrolled</th>
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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)
Please see the essay question on the next page

*Remember: Turn in the completed application to the CSI Financial Aid/Scholarship Office 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 explain 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 following educational activities as part of the scholarship’s requirements:

- Complete one or more parental resource workshop each academic year
- Attend academic advising meetings twice a year
- Attend community resource advising twice per year
*Remember: Turn in the completed application to the CSI Financial Aid/Scholarship Office or email to jwilson7@csi.edu ccenteno@csi.edu with the necessary attachments (copy of each childcare STATE LICENSE, CHILD CARE FACILITY W-9, CURRENT DAYCARE STATEMENT, and your completed ESSAY question).