

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 2.0.
- 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 1 READY! For Kindergarten workshop per semester.

CSI CCAMPIS Child Care Scholarship Summer 2026 (Application Deadline: June 12th)

<input type="checkbox"/>	Pell Eligible
	EFC _____
<input type="checkbox"/>	NOT Pell Eligible

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 JWilson7@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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