

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.
- Maintain a minimum cumulative GPA of 2.50.
- Be enrolled in a minimum of 6 or more credit hours at the College of Southern Idaho, depending on the scholarship amount that was awarded when applying.
- 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 a 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 2021**

*Limited funds 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 2.5 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: _____

**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

of Eligible Children: _____ **# Enrolled in State Licensed Child Care:** _____

Total Child Care Expense per Month: _____ **Total Paid by Agency per Month:** _____

Provide the below information for each child enrolled in child care.

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 on the next page

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***Remember: Turn in the completed application to the CSI Financial Aid/Scholarship Office with the necessary attachments (copy of each child care STATE LICENSE, CHILDCARE FACILITY W-9, 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 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**

Signature: _____ Date: _____

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***Remember: Turn in the completed application to the CSI Financial Aid/Scholarship Office or email to JWilson7@csi.edu with the necessary attachments (copy of each child care STATE LICENSE, CHILD CARE FACILITY W-9, and your completed ESSAY question).**