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)
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
*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).