

# **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.

☐ Pell Eligible  
EFC \_\_\_\_\_  
☐ NOT Pell Eligible

## CSI CCAMPIS Child Care Scholarship Fall 2025 (Application Deadline: August 28<sup>th</sup>)

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

Turn in completed applications to Jayde Wilson at [JWilson7@csi.edu](mailto:JWilson7@csi.edu) or Clara Centeno at [cccenteno@csi.edu](mailto:ccenteno@csi.edu) or 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
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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)

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](mailto:JWilson7@csi.edu) or Clara Centeno at [cccenteno@csi.edu](mailto:ccenteno@csi.edu) or 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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