



CCAMPIS Program Application Early Childhood Demonstration Center

The Child Care Access Means Parents in School (CCAMPIS) Program is designed to help students who are raising children finish their degrees by increasing their access to high-quality early childhood education.

Through the CCAMPIS Program, Rowan students may qualify for free or discounted tuition for their children to attend the Rowan University Early Childhood Demonstration Center.

The Rowan CCAMPIS Program is operated by the Family-Friendly Campus Initiative.

About the CCAMPIS at the ECDC

Hours: Monday-Friday, 7:30 AM -5:00 PM (summer hours may vary)

Child Eligibility: 3 - 6 years old and fully toilet-trained

Cost: CCAMPIS funding covers up to 100% of ECDC tuition and fees

Admission: Registration is required. Drop-in child care is not offered.

Requirements	Eligibility
<p>If accepted into the program, parents must:</p> <ul style="list-style-type: none"> • Apply for funding for their child per semester. • Attend one orientation session each academic year • Attend at least three (3) Family-Friendly Campus Initiative approved events, including at least one Prof Parent Connection meeting per semester • Complete annual CCAMPIS survey • Complete post-graduation survey • Payment of biweekly copay for child care, if applicable 	<ul style="list-style-type: none"> • Undergraduate students must be Pell Grant eligible or Pell Grant recipients. A FAFSA must be on file with the Office of Financial Aid on the Glassboro Campus. • Graduate students may be eligible pending verification of Student Aid Index • Maintain the following credits towards degree: <ul style="list-style-type: none"> Undergraduate: 12 credits per semester Graduate: 6 credits per semester • Ph.D/Researcher/Doctoral Candidates are not eligible for free or reduced rates through CCAMPIS

Application Process

1. Please complete the following application and submit with a copy of your financial aid package and your course schedule (for the semester you are applying) to the Director of CCAMPIS Child Care Programing at preschool@rowan.edu
2. You will be contacted to schedule a virtual tour of the facility and discuss the program and scheduling options.
3. Once your child is registered for the program, your application will be forwarded to the Director of the Family-Friendly Campus Initiative to process for grant-funding. Registration does not guarantee funding. Admission is processed on a “first come, first served” basis.
4. The Family-Friendly Campus Initiative will issue notice of award or rejection via email.

Rowan University
Family-Friendly Campus Initiative
CCAMPIS@rowan.edu | go.rowan.edu/familyfriendly

CCAMPIS ECDC Tuition Application

Rowan University Student Information (Parent/Guardian)



Applicant Name	Date of Birth	Banner ID
Address		
University Email Address	Phone Number	
Major(s)	<i>Undergraduate Graduate Doctoral</i> Circle One	<i>Full-Time Part-Time</i> Circle One
Current GPA	Expected Graduation Date (mm/yy)	Application Semester

Demographics

Gender	Race / Ethnicity	Military Status
	<i>Married Not Married & Dependent on Parent(s) Not Married & Independent</i>	
# of Children (-18) # of Adults (18+) in Household	Household Status (Select Most Applicable)	Are you the first to attend a 4 year college in your family?

Child Information

Child Name	Date of Birth	Yes / No Toilet Trained?	Enrolled at ECDC?
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REQUESTED HOURS

Earliest Drop Off (DO): 7:30AM Latest Pick UP (PU): 4:50PM

Monday		Tuesday		Wednesday		Thursday		Friday	
DO:	PU:	DO:	PU:	DO:	PU:	DO:	PU:	DO:	PU:

Additional Children? Check here and add information to the back of this form.

Financial Information

Yes / No Have you applied for financial aid this year?	Yes / No Are you Pell Grant eligible?	Yes / No Are you currently receiving a Pell Grant?	Do you rent or own your home?
Yes / No Are you or will you be employed during the academic year? If yes, who is your employer?	Work hours per week	\$ / year	Income from work
Yes / No If married or cohabiting w/ other parent of child, are they working? If yes, who is their employer?	Work hours per week	\$ / year	Income from work
Yes / No If not married or living with your child's other parent, do you receive financial support from them? If yes, please specify.	\$ / yr/mo/wk	Is your spouse/partner also a student? If yes, where?	
Yes / No Are you currently or have you ever received child care subsidies from the state of NJ or elsewhere? (eChildCare, Rutgers, CCRR, etc.)		If yes, where?	

Needs Assessment

For data purposes only. Answers do not affect eligibility for CCAMPIS funding. Select all that apply.

CCAMPIS financial assistance for child care will allow me to:

- | | |
|---|---|
| <input type="checkbox"/> attend class. | <input type="checkbox"/> obtain tutoring assistance |
| <input type="checkbox"/> obtain advising or counseling support | <input type="checkbox"/> take earlier classes. |
| <input type="checkbox"/> have additional study time. | <input type="checkbox"/> take later classes. |
| <input type="checkbox"/> spend more time in the library/computer lab. | <input type="checkbox"/> participate in group projects or meetings. |
| <input type="checkbox"/> other: | |

How significant will CCAMPIS financial assistance be in enabling you to complete your degree?

<i>Extremely Important</i>	<i>Important</i>	<i>Helpful</i>	<i>Not Important</i>	<i>Not Helpful</i>
<i>True / False</i>	I would not be able to enroll at Rowan University without CCAMPIS assistance.			
<i>True / False</i>	I would not be able to persist at Rowan University without CCAMPIS assistance.			
<i>True / False</i>	I would not be able to graduate from Rowan University without CCAMPIS assistance.			

Consent & Agreements

Please initial that you have read, understood, and agreed to the each of the following statements:

_____ I understand that the goal of CCAMPIS to assist me with child care expenses so that I can persist in my degree program.

_____ I understand that CCAMPIS funding is based on availability and, once awarded, is subject to ongoing review

_____ I agree to contact the CCAMPIS Program Coordinator if I fall below required enrollment status or my financial status changes during any semester.

_____ I agree to participate in annual and post-graduate surveys conducted by the Rowan CCAMPIS Program pertaining to program evaluation including, but not limited to my employment, income, and quality of care and services.

_____ I understand that aggregate information, but no personal information, will be shared with the Department of Higher Education in Washington, DC, which funds this program.

_____ I give my permission for the Rowan CCAMPIS Program to communicate with the Office of Financial Aid at Rowan University regarding my financial or familial information.

_____ I understand that I must attend annual orientation and at least one Student Parent Support Group meeting or CCAMPIS workshop each semester as part of my participation in the Rowan CCAMPIS Program.

_____ I understand that that the Rowan University Early Childhood Demonstration has additional policies and procedures and it is my responsibility to adhere to them.

_____ I understand that I am required to remain on Rowan University's Glassboro campus while my child is attending the Evening Care program.

My signature on this application indicates my willingness to fully participate in the Rowan CCAMPIS Evening Care Program. I understand that if I do not meet the program requirements by the given due dates, I will not receive CCAMPIS funds and will be responsible to pay my child care tuition balance. I certify that all answers given herein are true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Email completed application to preschool@rowan.edu

Questions regarding CCAMPIS funding and programing can be emailed to CCAMPIS@rowan.edu