QUALIFY FOR FREE CHILDCARE - CCAMPIS Scholarship Application

As a Moorpark College student-parent you may qualify for child care assistance through CCAMPIS funding. Scholarships will provide financial assistance for on-campus childcare services to low-income MC students pursuing postsecondary education. Scholarship awards will be based on a sliding income scale, availability of funds, slots available at Moorpark College Child Development Center (MC CDC), and the number of eligible applicants.

Eligibility guidelines:
- Undergraduate students must be receiving a PELL Grant or be PELL Grant eligible
- Pursuing a certificate or degree and/or transfer to a four-year institution of higher education
- Maintain good academic progress – GPA of 2.0 or higher
- Be the legal parent or guardian of the child(ren) receiving childcare services at MC CDC
- Child care services will be at the MC CDC

MC CDC Program requirements:
- Complete child's enrollment package and submit all required documentation
- Pay monthly co-payment for child care provided (depending on childcare scholarship)

. . .

* Required

1. PARENT INFORMATION (email address) *

Enter your answer

2. Who is filling out this form *

◯ Father

◯ Mother

◯ Legal Guardian

3. Name and Student ID *

Enter your answer

4. Address and phone number *
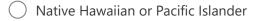
Enter your answer

5. Gender *

◯ Male

◯ Female

◯ Non-binary / third gender

◯ Prefer not to answer

6. Race/Ethnicity *

◯ American Indian or Alaska Native

◯ Asian

◯ Black or African American

◯ Hispanic

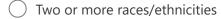◯ Native Hawaiian or Pacific Islander

◯ White

○ Two or more races/ethnicities

○ Prefer not to answer

7. EDUCATION INFORMATION: Major *

Enter your answer

8. Expected graduation date (semester/year) *

Enter your answer

9. How many units are you enrolled in at MC (and other institutions, please specify)? *

Enter your answer

10. Pell Grant *

○ Receiving

○ Eligible

○ Don't know

11. Academic goal *

○ Transfer to 4 year Institution

○ Associate Degree

○ Completion of Certificate of Achievement

12. CHILD INFORMATION - Name of child: *

Enter your answer

13. Date of birth *

Enter your answer

14. Name of additional child

Enter your answer

15. Date of birth

Enter your answer

16. Which semester/year would like your child to attend? *

Enter your answer

17. Service needed (part time/full time, days and times) *

Enter your answer

18. Do you receive subsidized child care? *

   ◯ Yes

   ◯ No

19. By entering my name in the 'answer space' below, I certify that the application's information is complete and accurate to the best of my knowledge. I understand and accept the requirements and obligations of the CCAMPIS Scholarship and MC CDC Program. If there is any change during the time I am receiving CCAMPIS Scholarship, I am responsible for notifying the CDC director within 5 workdays of the change. If I fail to report the change, I understand that I may lose the scholarship, and I will be responsible for all childcare tuitions and fees charged by MC CDC.

   *

   | Enter your answer |

20. Where have you heard about this scholarship opportunity? *

   | Enter your answer |

   Submit

Never give out your password. Report abuse