

CCAMPIS Grant Application

(Please type or print clearly)

CCAMPIS # _____

Date Received _____

Approved _____

Denied _____

Date _____

Section I: Personal Information

Applicants Name: _____

First

MI

Last

College ID Number/Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day () _____ Evening () _____ Cell () _____

Email Address: _____

Are you head of household? Yes No

Are you a dependent student living with parents? Yes No

Date of Birth ____/____/____

Marital Status: _____ If married, do both parents attend Barton? Yes No

Child's Name: _____ Date of Birth ____/____/____

Child's Name: _____ Date of Birth ____/____/____

Child's Name: _____ Date of Birth ____/____/____

Are you currently employed? Yes No If yes, name of employer _____

Section II: College Information

Identify year in school: Freshman Sophomore

Which semester are you applying for the CCAMPIS grant? Fall Spring Summer

How many credit hours are you enrolled in for the semester you are applying for the grant? _____

While at Barton, will you be receiving assistance from the Kansas SRS? Yes No

TO BE COMPLETED BY FINANCIAL AID OFFICER

1. Number of credit hours student is enrolled for: Fall Term _____ Spring Term: _____
2. Student is eligible for a Federal Pell Grant: Yes :Indicate annual amount \$ _____ No
3. Student's total cost of attendance for academic year \$ _____
4. Students unmet needs for academic year \$ _____

I understand that this application will be considered for eligibility but does not guarantee participation in the program. My signature on this application indicates that this a true and complete statement of information and my willingness to fully participate in the CCAMPIS Grant process if accepted. I understand and will fully comply with all program requirements. I further agree to contact Barton Child Development Center if my status as a student, either fiscally or academically changes during the time I am enrolled in the CCAMPIS Grant.

I certify that the above information is true and correct to the best of my knowledge. I also authorize the Financial Aid office and the Registrar's office to release my financial aid information, records, and transcripts to the Child Development Center Director.

Signature: _____ Date: _____