

Henderson State University CCAMPIS Application

Personal Information

Name:		Social Security #:	
Date of Birth:	Home Phone #:	Cell Phone#:	
Address:			
City:	State:	Zip:	
Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Native Hawaiian or other Pacific Islander Other No Race Reported		Educational Level: High School GED College- Associates Degree College- Bachelor's Degree College -Master's degree + Other	
Gender: Male Female	Are you a single parent? Yes No	Are you a first-generation student? Yes No	Are you married? Yes No
What are your Educational/Career goals:	Would you be able to continue your education without the childcare assistance provided by CCAMPIS? Yes No		

Household Information

Number in household:	Primary language spoken in the home:
Child (children) needing preschool/daycare services: Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____	
Does your child have any special needs: <i>Please include developmental, physical, nutritional, etc.</i>	
Emergency Contact Information:	
Name:	Relationship: Phone Number:

Employment Information

Employment Status:	Unemployed Full-Time Part-Time
Employer Name:	Supervisor:
Employers Phone #:	Hours worked per week:

I understand that the CCAMPIS Program is a federally funded program intended to enhance my ability to complete my education. I will provide information as requested by the Director and participate in activities required by the program.

Signature: _____

Date: _____