

**(CCAMPIS) Child Care Access Means Parents in School  
Florence-Darlington Technical College**



**Student Recertification**

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_  
Student ID#: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CCAMPIS Recertification:**

Are you still interesting in the CCAMPIS program for the next semester?  YES  NO  
If yes, what semester would you return? Fall \_\_\_\_\_, Summer \_\_\_\_\_ or Spring \_\_\_\_\_  
Do you have a change in your income? \_\_\_\_\_ What is your income: \_\_\_\_\_?  
Are you still receiving the Pell Grant? \_\_\_\_\_  
Number in the household? \_\_\_\_\_ or no change? Yes \_\_\_\_\_ or No \_\_\_\_\_  
Have you applied for any other federal grant? Yes \_\_\_\_\_ or No \_\_\_\_\_ Are you waiting on the status of another federal grant? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Child or Children:**

Are you the parent or legal guardian for one or more children between the ages of Infant-12 year of age?  YES  NO If yes, please list the child/children below:

Name: _____	age: ____	DOB: _____
Name: _____	age: ____	DOB: _____
Name: _____	age: ____	DOB: _____
Name: _____	age: ____	DOB: _____

Do you need child care services while you attend classes at FDTTC?  YES  NO  
If yes,  daytime services  evening services

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of CCAMPIS Program Director(Signature): \_\_\_\_\_

Verified by: \_\_\_\_\_ Applicant Accepted \_\_\_\_\_ Applicant Denied

\*If additional information is needed the director will contact you. If there are any changes to your Pell grant, income, or number household, please make sure you have included the information! Thanks