



Student KidSpirit ACES Scholarship Application

Fall 2016-Spring 2017

Return this form October 14th, by 12 NOON to
Childcare and Family Resources, 211 Avery Lodge

For questions contact 541-737-4906 or FamilyResources@oregonstate.edu

Students that are currently registered for classes on the Corvallis campus and are Student Incidental Fee paying, are eligible to apply for the KidSpirit ACES scholarship through the Childcare and Family Resources office. KidSpirit offers the ACES program on 6 no-school days throughout the school year. Find out more information about the program at this website: <http://kidspirit.oregonstate.edu/aces-days>

Depending on your family's level of need, the amount you will owe to KidSpirit for the ACES program will be:

High level of need: \$15 per child per day

Moderate level of need: \$30 per child per day

Low level of need: \$45 per child per day

Sign your child(ren) up for the ACES days that you are requesting the scholarship for. Childcare and Family Resources (CFR) will contact you as soon as possible to let you know what your level of need is and what you will owe KidSpirit. If you feel that you are unable to afford the ACES program at that point, you will be able to cancel the days you signed up for with no penalty. You MUST cancel at least 24 hours prior to the day(s) you signed up for care. If you cancel within 24 hours, you will still owe KidSpirit.

Childcare and Family Resources will pay the scholarship directly to KidSpirit, on your behalf after your child attends the ACES program. You will be responsible for paying KidSpirit the remaining amount owed. If you decide to cancel your child's ACES program for a day, prior to the 24 hours, you will owe nothing to KidSpirit, but will lose your scholarship for that day. Scholarships don't roll over from day to day, if you don't use them.

If you have questions regarding the application and scholarship, call Childcare and Family Resources at 541-737-4906.

If you have questions regarding the ACES program (registration, paying your bill, programming, etc.) call KidSpirit at 541-737-KIDS (5437).



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Application Check List (Required Documents):

ALL STUDENTS:

- Cover Letter*
- Signed Application
- Copy of OSU Accounts information indicating tuition, financial aid and fee costs for Fall Term 2016 (for all students in family)

DOMESTIC STUDENTS ONLY:

- Copy of your 2015 IRS Income Tax Return Statement
- Copy of your spouse/partners 2015 IRS Income Tax Return Statement (only if you filed separately)
- Alternate proof of income, if income is different from 2015 Tax Return Statement**
- Copy of 2016-2017 Financial Aid Award Letter (for all students in family)

INTERNATIONAL STUDENTS ONLY:

- Copy of your most current I-20 (for each student in family)
- Copy of most current Embassy Support Living Stipend document (for each student in family)
- Copy of most current Embassy Tuition Assistance document, if applicable (for each student in family)
- OSU Pay check stub, if currently employed (for each student in family)
- Schedule of classes (for each student in family)

**Alternate proof of income can include: A MOST RECENT copy of pay check stub AND/OR a Bank account statement

Documentation provided will be held as confidential and privileged information by the subsidy processing personnel.

KidSpirit ACES Scholarship Application

- ❖ Applicant must be a currently enrolled student at Oregon State University (Corvallis Campus) and paying Student Incidental Fees.
- ❖ Applicants reporting no income whatsoever will be disqualified. Seasonal income should be prorated.
- ❖ **Unless extenuating circumstances exist, families with a full-time stay-at-home parent will not be considered for the scholarship.**
- ❖ If you have significant expenses affecting your household, please address them in the cover letter (Examples: medical bills, attorney fees, commuting costs) and include documentation (copies of bills, etc.)
- ❖ Applicants who report fraudulent information will be disqualified from the scholarship pool.
- ❖ Contact Childcare and Family Resources prior to due date, if unable to submit the application on time.

*Cover Letter:

In order to gain a better understanding of the circumstances student parents face, we are requiring a cover letter accompany every application. Please tell us a little about yourself and your family, as well as any changes that are taking place, (pregnancies, adoptions, illnesses, divorces, child care changes). Should you feel the numbers on your application don't fully represent your situation; the cover letter is your opportunity to describe the unique circumstances of your family. Please restrict your letters to one page, single spaced. You may also use the back of this page should a computer/printer not be available to you.



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Applicant Name: Last		First	
Street Address:		Apartment/Unit#:	
City:	State:	ZIP Code:	
Home Phone:		OSU ID#:	
Email Address:			
Partner/Spouse's Name: Last (if applicable)		First	Partner's Student ID#:

Applicant is (Check all that apply):

<input type="checkbox"/>	Graduate Student	<input type="checkbox"/>	International	<input type="checkbox"/>	Non-White
<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Current Pell Grant Recipient

INCOME INFORMATION:

DOMESTIC STUDENTS:

A. All Employment Income (wages, salaries, bonus, and tips) for 2015 (Total amount from 2015 IRS income tax return statement)	\$
B. Domestic Partner/Spouse Income for 2015 (Total amount from 2015 IRS income tax return statement; if tax return filed separately)	\$
Do you believe the monthly equivalent of these numbers (2015 employment income/12) accurately reflects your financial situation for October 2016-June 2017? If no, please attach documentation and indicate your projected numbers in the box below:	Yes No
C. Projected Household Income for October 2016-June 2017	\$

INTERNATIONAL STUDENTS:

D. Resources for 1 year as stated on I-20	\$
E. All Income (embassy support/living stipend/wages) for October 2016- September 2017	\$
F. Domestic Partner/Spouse Income (embassy support/living stipend/wages) for October 2016-September 2017	\$
Do you believe the monthly equivalent of these numbers (2015 employment income/12) accurately reflects your financial situation for October 2016-June 2017? If no, please attach documentation and indicate your projected numbers in the box below:	Yes No
G. Projected Household Income for October 2016-June 2017?	\$

EVERYONE:

H. Financial Aid for Fall 2016 (Federal Grants and Loans)	\$
I. Academic Expenses for Fall 2016	\$



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Please check all dates you plan to use ACES:

ACES Scholarship Requested for: (mark all terms needed)	Fall Term October-December		Winter Term January-March		Spring Term April-June	
		October 14 th		February 3 rd		April 12 th
	October 28 th		February 20 th		April 13 th	
	October 31 st				April 14 th	
	November 1 st					

DEPENDENT INFORMATION:

How many children do you have **TOTAL?**

Name and birthdate of each dependent child **enrolled in ACES at KidSpirit:**

Name	Birthdate
1.	
2.	
3.	
4.	

APPLICANT CONSENT:

I have read the instructions for completing this form and to the best of my knowledge have answered truthfully with regards to my income and student status. I understand that I must provide adequate verification to support any of the above claims made on this application if I requested by Childcare and Family Resources. I give Childcare and Family Resources my consent to verify any of the above information, including information which may be provided in my financial aid file. I also understand that it is my responsibility to notify Childcare and Family Resources of any changes in the above information.

Signature of Applicant

Date