

STUDENT CHILD CARE ASSISTANCE APPLICATION

This program is brought to you by student fees and paid once per term directly to the child care provider

Return this form and address any questions **by NOON (12pm), on Friday, 7/7/17** to

Childcare & Family Resources, 1030 SW Madison Ave. | Avery Lodge 211

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

Application Check List (Required Documents):

ALL STUDENTS:

- Cover Letter*
- Signed Application
- Copy of most current monthly child care bill (June/July 2017)
- Copy of OSU Accounts information indicating tuition, financial aid and fee costs for Summer Term 2017 (found online: https://adminfo.ucsadm.oregonstate.edu/prod/twbkwbis.P_WWWLogin)

DOMESTIC STUDENTS ONLY:

- Copy of your 2016 IRS Income Tax Return Statement
- Copy of your spouse/partners 2016 IRS Income Tax Return Statement (only if you filed separately)
- Alternate proof of income, if income is different from 2016 Tax Return Statement**
- Copy of 2017-2018 Financial Aid Award Letter

INTERNATIONAL STUDENTS ONLY:

- Copy of your most current I-20 (you and spouse)
- Copy of most current Embassy Support Living Stipend document (you and spouse)
- Copy of most current Embassy Tuition Assistance document (if applicable)
- OSU Pay check stub, if currently employed (June/July)
- Copy of class schedule (you and spouse)

****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.

Child Care Assistance Program Parameters:

- ❖ Applicant must be a currently enrolled student at Oregon State University (Corvallis Campus).
- ❖ Applicant's children must be currently enrolled in a state recognized child-care program.
- ❖ 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 child care assistance.**
- ❖ 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 subsidy 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 not be available to you.

Student Child Care Assistance Application

Summer 2017

Return this form July 7th, by 12 NOON to

Childcare and Family Resources, Avery Lodge 211

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

INCOME INFORMATION:

| | | | |
|--|--|-------------------|------------------------------|
| 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 Number: |

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 |

DOMESTIC STUDENTS:

| | |
|--|----|
| A. All Employment Income (wages, salaries, bonus, and tips) for 2016 (Total amount from 2016 IRS Income tax return statement) | \$ |
| B. Domestic Partner/Spouse Income for 2016 (Total amount from 2016 IRS income tax return statement; if tax return filed separately) | \$ |

Do you believe the monthly equivalent of these numbers (2016 employment income /12) accurately reflects your financial situation for Summer 2017? Yes No

If no, please attach documentation and indicate your projected numbers in the box below:

| | |
|---|----|
| C. Projected Household Income for Summer 2017 | \$ |
|---|----|

INTERNATIONAL STUDENTS:

| | |
|--|----|
| D. Resources for 1 year as stated on I-20 | \$ |
| E. All Income (embassy support/living stipend/wages) for Summer 2017 | \$ |
| F. Domestic Partner/Spouse Income (embassy support/living stipend/wages) for Summer 2017 | \$ |

Do you believe the monthly equivalent of these numbers (2016 employment income /12) accurately reflects your financial situation for Summer 2017? Yes No

If no, please attach documentation and indicate your projected numbers in the box below:

| | |
|--|----|
| F. Projected Household Income for Summer 2017? | \$ |
|--|----|

EVERYONE:

| | |
|--|----|
| G. Monthly Child Care Cost (minus any other child care subsidy) | \$ |
| H. Financial Aid for Summer 2017 (Federal Grants and Loans and/or Embassy Tuition Assistance) | \$ |
| I. Academic Expenses for Summer 2017 | \$ |

DEPENDANT INFORMATION

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

NAME AND BIRTHDATE OF EACH DEPENDENT CHILD ENROLLED IN CHILDCARE:

| Name | Birthdate | Full Time | Part Time |
|------|-----------|-----------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

CHILD CARE PROVIDER INFORMATION:

| | |
|----------------|----------------|
| Provider Name: | Tax ID or SSN: |
| License #: | Phone #: |
| Address: | |
| Email Address: | |

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 requested by Childcare and Family Resources. I give Child Care 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