Domestic Student Example

Fall 2014-Spring 2015

STUDENT CHILD CARE SUBSIDY 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, 10/17/14** to

Childcare & Family Resources, 151 Snell Hall

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 (September/October 2014)**
- ■ **Copy of OSU Accounts information indicating tuition, financial aid and fee costs for Fall Term 2014 (found online: https://adminfo.ucsadm.oregonstate.edu/prod/twbkwbis.P_WWWLogin)**

DOMESTIC STUDENTS ONLY:

- ■ **Copy of your 2013 IRS Income Tax Return Statement**
- ☐ **Copy of your spouse/partners 2013 IRS Income Tax Return Statement (only if you filed separately)**
- ■ **Alternate proof of income, if income is different from 2013 Tax Return Statement****
- ■ **Copy of 2014-2015 Financial Aid Award Letter**

INTERNATIONAL STUDENTS ONLY:

- ☐ **Copy of your most current I-20**
- ☐ **Copy of most current Embassy Support Living Stipend document**
- ☐ **Copy of most current Embassy Tuition Assistance document (if applicable)**
- ☐ **OSU Pay check stub, if currently employed (September/October)**

****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 Subsidy 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.

Cover Letter

Dear Childcare & Family Resources,

Allow us to introduce ourselves, we are the Doe family. My husband and I are students at Oregon State University and working as much as possible. We have a 1 year old daughter, Emma, who attends the Lancaster Corvallis Community Children's Center full time. We would rather not have her in care full-time, but due to our crazy work and class schedules, we are forced to keep her in care all day. On top of the added expensive of child care, I also had to find a new job when I went back to school this year. I have attached my most recent pay stub for my alternate proof of income. This has decreased our income by over $8000 annually. We are fortunate to have John's school paid for and we rely heavily on our financial aid to survive.

We want to thank you in advance for any help you can provide us. Please do not hesitate to call or email us with any questions you may have.

Thank you,

Jane, John, and Emma Doe

Signed Application

Fall 2014-Spring 2015

Student Child Care Subsidy Application

Fall 2014-Spring 2015
Return this form October 17th, by 12 NOON to
Childcare and Family Resources, 151 Snell Hall
For questions contact 541-737-4906 or FamilyResources@oregonstate.edu

Applicant Name: Last Doe	First Jane	
Street Address: 1111 Here I am	Apartment/Unit #: 200	
City: Corvallis	State: OR	ZIP Code: 97333
Home Phone: 555-555-5555	OSU ID# : 0000000	
Email Address: JANEDOE192948405@onid.oregonstate.edu		
Partner/Spouse's Name: Last (if applicable) Doe	First John	Partner's Student ID Number: 000000000

Applicant is (Check all that apply):

☐	Graduate Student	☐	International	☐	Non-White
☐	Single Parent	☐	Veteran	☑	Current Pell Grant Recipient

Childcare Assistance Requested for: (mark all terms needed)	Fall Term October-December	Winter Term January-March	Spring Term April-June
	☑	☑	☑

INCOME INFORMATION:

DOMESTIC STUDENTS:

A. All Employment Income (wages, salaries, bonus, and tips) for 2012 (Total amount from 2013 IRS Income tax return statement)	$ 23895
B. Domestic Partner/Spouse Income for 2013 (Total amount from 2013 IRS income tax return statement; if tax return filed separately)	$

Do you believe the monthly equivalent of these numbers (2013 employment income /12) accurately reflects your financial situation for October 2014-June 2015? ☐ Yes ☑ No
If no, please attach documentation and indicate your projected numbers in the box below:

C. Projected Household Income for October 2014-June 2015	$ 15528

INTERNATIONAL STUDENTS:

D. Resources for 1 year as stated on I-20	$
E. All Income (embassy support/living stipend/wages) for October 2014- September 2015	$
F. Domestic Partner/Spouse Income (embassy support/living stipend/wages) for October 2014-September 2015	$

Do you believe the monthly equivalent of these numbers (2013 employment income /12) accurately reflects your financial situation for October 2014-June 2015? ☐ Yes ☐ No
If no, please attach documentation and indicate your projected numbers in the box below:

F. Projected Household Income for October 2014-June 2015?	$

EVERYONE:

G. Monthly Child Care Cost (minus any other child care subsidy)	$ 1090
H. Financial Aid for Fall 2014 (Federal Grants and Loans and/or Embassy Tuition Assistance)	$ 30606
I. Academic Expenses for Fall 2014	$ 482.03

DEPENDANT INFORMATION

How many children do you have **TOTAL?** 1

NAME AND BIRTHDATE OF EACH DEPENDENT CHILD **ENROLLED IN CHILDCARE:**

Name	Birthdate	Full Time	Part Time
1. Emma		✓	
2.			
3.			
4.			

CHILD CARE PROVIDER INFORMATION:

Provider Name: Corvallis Community Children's Center	Tax ID or SSN: 93-0574857
License #: CC001519	Phone #: 541-753-0191
Address: 3285 NE Oxford Corvallis, OR 97330	

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

9/10/14
Date

Most current child care bill

CCCC-Lancaster
3285 NE Oxford
Corvallis, OR 97330

541-753-0191
lancaster@corvallischildcare.org
TaxID: 93-0574857

[redacted]

MUST	
From:	10/1/2014
To:	10/31/2014
Page 1	

[redacted] Wobbler

Beginning Statement Balance: 0.00

User	Post Date	Description	Comment	Charge	Credit	Balance
AMF	10/1/2014	ITW-5 Days	[redacted]	1,090.00		1,090.00
			Total	1,090.00	0.00	1,090.00

October Tuition

Enter in line G

OSU Account Info.

Account Information

Account Information for: [redacted] My Account information

PLEASE NOTE: This is your account activity for the time period specified.

Account Activity: October 6, 2013

Previous Balance 0.00

Description	Charge	Payment
Web eCheck Payment		2,774.03
Building Fee	45.00	
Incidental Fee	312.71	
Resident Undergrad Tuition	2,292.00	
Counseling Service Fee	35.23	
Student Health Service Fee	89.09	

$2,774.03

$482.03 ← if school is paid for enter this amount in line I.

Amount Due 0.00

Select another Bill Date

if school isn't paid for enter this into line I.

RELEASE: 8.2.0.1

© 2015 Ellucian Company L.P. and its affiliates.

* if your partner or spouse is also taking classes, total your tuition/fees together

John's bill

Fall 2012

Detail Code	Description	Charge	Payment	Balance
BLDG	Building Fee	$43.00		$0.00
DUGT	DCE Undergraduate Course	$780.00		$0.00
INC1	Incidental Fee	$318.25		$0.00
RADD	Registrar Readmission Fee	$25.00		$0.00
RUGH	R Undergrad Health&HS Tuition	$2,145.00		$0.00
SCS1	Counseling Service Fee	$35.23		$0.00
SHS1	Student Health Service Fee	$89.09		$0.00
98E	Web eCheck Payment		$4,851.64	$0.00

Tax Return Statement

Form **1040** Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2013** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning ,2013, ending ,20 See separate instructions.

Your first name and initial [redacted] Last name Your social security number

If a joint return, spouse's first name and initial [redacted] Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [redacted]

Foreign country name | Foreign province/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☒ Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instr.)
[redacted]			☒
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed . . . Add numbers on lines above ▶ 3

Income

Attach Forms(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2 (SCH 3,263.)	7	23,895.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amount	15b	
16a	Pensions and annuities — 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your **total income** ▶	22	23,895.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	23,895.

Enter in line A

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2013)

BCA

Alternate proof of income referenced in cover letter

Oregon State University
A Member of the Oregon University System

August 2014 Earnings

Paid: 29 AUG 2014

		Tax Status		Additional Tax	YTD Subject
Year	2014	Federal	S 0	.00	6597.24
Pict Code	MO	State	S 0	.00	6597.24
Pay Id	8				
Seq No	0				
ID	931577024				

Summary	Current	YTD
Gross amount	1039.99	6597.24
Employee Deductions	257.87	1129.93
Net amount	782.12	

[redacted]

Net Pay Distribution

276065901 71337177	782.12
Net Pay Distribution	782.12

Leave	Taken	Accrual	Balance

Earnings

Other Class/Temp Pay,	HRS	89.50@11.62	1039.99

now working 20 hrs. instead of 35 hrs per week

	Deductions	Status	Employee	Employer	Applicable Gross	YTD Employee	YTD Employer
TFE	Federal Tax	A	90.06	.00	1039.99	515.15	.00
TME	Medicare Tax	A	15.08	15.08	1039.99	28.94	28.94
TSS	Social Security Tax	A	64.48	64.48	1039.99	123.74	123.74
TST	Oregon State Withholding Tax	A	66.34	.00	1039.99	412.48	.00
TWC	Workers' Comp Assessment	A	1.48	1.48	1039.99	10.19	10.19
UAF	SEIU Fairshare	A	17.68	.00	1039.99	33.93	.00
UDA	SEIU Issues	A	2.75	.00	1039.99	5.50	.00

Comments

Leave balances reflect accruals for the current month and leave taken as of 01-AUG-2014

My Financial Aid

Financial Aid Award Letter

[redacted]
Jan 14, 2015 01:38 pm

Printer Friendly Version

Office of Financial Aid Scholarships
Oregon State University, 218 Kerr Administration Building, Corvallis Oregon 97331-2120
Telephone 541-737-2241 | Fax 541-737-4494 | Email financial.aid@oregonstate.edu

[redacted]

2013-2014
FINANCIAL AID AWARD

Date:	14-JAN-15
Student ID:	[redacted]
Class Level	Senior
Budget Status:	Resident
Dependency Status:	[redacted]

Dear [redacted]

We are pleased to offer you a **2013-2014** financial aid award to assist you in financing your education at Oregon State University. To view/accept/decline your Financial Aid Award through Student Online Services, please visit http://oregonstate.edu/students/onlineservices. For more detailed information on Financial Aid, please visit our website at www.oregonstate.edu/financialaid. Parent PLUS loans require a separate application for a credit decision.

Est. Cost of Attendance(COA)		Expected Family Contribution (EFC)		Resources
Tuition and Fees	8,538	Parent Contribution	8,461	
Books and Supplies	1,965	Student Contribution	364	
Room and Board	10,578			
Miscellaneous	2,577			
Personal				
Loan Origination Fee	90			

EST. TOTAL COA =	$23,748	**Total EFC =**	$8,825	**Total Resources**	$0
NEED = COA minus EFC minus RESOURCES				**Need =**	$14,923

Your Aid Offer:

Accept	Reject	Revise	Financial Aid Programs	Summer	Fall	Winter	Spring	TOTAL
			Federal Ford Direct Loan-Sub	0	267	267	266	800
			Federal Ford Direct Loan-unsub	0	222	222	222	666

TOTAL AID OFFER	$0	$489	$489	$488	$1,466

Enter in line H (if you have a partner total all financial Aid)

Parent PLUS Loan

- The Federal Direct Parent PLUS is a credit based loan borrowed by the parent on behalf of a dependent student to assist with educational expenses.
- Your parent is eligible to borrow up to **$22282**.
- You are responsible for paying the interest during times of deferment.
- The interest rate on the Parent PLUS is 7.9%, but is subject to change based on legislation.
- The parent borrower must complete a Direct PLUS Loan Application and Master Promissory Note (MPN) online at StudentLoans.gov
- The credit check, run as part of the application, is only valid for **90 days**. Do not complete the application more than 90 days before the start of the term, or before May 5 if attending summer term

YOU MUST ACCEPT ONLINE
BY 09/15/2013 OR YOUR OFFER WILL BE CANCELED
View/accept your award on-line at: Accept Award Offer by Aid Year

Accept Awards

VIEW CONDITIONS OF AWARD

RELEASE: 8.4[OSU]

Printer Friendly Version

© 2015 Ellucian Company L.P. and its affiliates.

Office of Financial Aid Scholarships
Oregon State University, 218 Kerr Administration Building, Corvallis Oregon 97331-2120
Telephone 541-737-2241 | Fax 541-737-4494 | Email financial.aid@oregonstate.edu

John's Financial Aid

[redacted]

2014-2015
FINANCIAL AID AWARD

Date: 15-OCT-14
Student ID: [redacted]
Class Level •Sophomore
Budget Status: Resident
Dependency Status: [redacted]

Dear Angelica,

We are pleased to offer you a **2014-2015** financial aid award to assist you in financing your education at Oregon State University. To view/accept/decline your Financial Aid Award through Student Online Services, please visit http://oregonstate.edu/students/onlineservices. For more detailed information on Financial Aid, please visit our website at www.oregonstate.edu/financialaid. Parent PLUS loans require a separate application for a credit decision.

Est. Cost of Attendance(COA)		**Expected Family Contribution (EFC)**	**Resources**
Tuition and Fees	10,819	Parent Contribution	
Books and Supplies	2,293	Student Contribution	
Room and Board	14,572		
Miscellaneous Personal	3,436		
Loan Origination Fee	120		

EST. TOTAL COA =	$31,240	**Total EFC =**	$0	**Total Resources**	$0
NEED = COA minus EFC minus RESOURCES				**Need =**	$31,240

Your Aid Offer:

Accept	Reject	Revise	Financial Aid Programs	Summer	Fall	Winter	Spring	TOTAL
N/A	N/A	N/A	Plinkiewisch Sch/ART	0	2,550	2,550	2,550	7,650
		N/A	Federal Pell Grant	955	1,910	1,910	955	5,730
		N/A	Oregon Opportunity Grant	0	667	667	666	2,000
		N/A	Suppl Grant-Bridge to Success	0	297	297	299	893
		N/A	Federal SEOG Grant	0	167	167	166	500
			~~Federal College Work Study~~	~~525~~	~~525~~	~~525~~	~~525~~	~~2,100~~
			Federal Perkins Loan	375	375	375	375	1,500
			Federal Ford Direct Loan-Sub	1,125	1,125	809	808	3,867
			Federal Ford Direct Loan-unsub	1,500	1,500	1,500	1,500	6,000
		N/A	Summer Supp Tuition	1,000	0	0	0	1,000
			TOTAL AID OFFER	**$5,480**	**$9,116**	**$8,800**	**$7,844**	**$31,240**

YOU MUST ACCEPT ONLINE
BY 05/03/2014 OR YOUR OFFER WILL BE CANCELED
View/accept your award on-line at: Accept Award Offer by Aid Year

Accept Awards

VIEW CONDITIONS OF AWARD

Skip to top of page
Release: 8.4[OSU]

© 2014 Ellucian Company L.P. and its affiliates.

Print this page | Close this Window