



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 Family Resource Center. KidSpirit offers the ACES program on 9 no-school days throughout the school year. Find out more information about the program at this website:

<https://kidspirit.oregonstate.edu/aces-activities-create-excitement-no-school-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. Do not pay KidSpirit when you sign up your child(ren). Family Resource Center (FRC) 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.

Family Resource Center will pay the scholarship directly to KidSpirit, on your behalf after your child attends the ACES program. At that point, 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 FRC 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).



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 2019
- Schedule of classes- you and spouse (if spouse is a student at OSU or another college/university)

DOMESTIC STUDENTS ONLY:

- Copy of your 2018 IRS Income Tax Return Statement
- Copy of your spouse/partners 2018 IRS Income Tax Return Statement (only if you filed separately)
- Alternate proof of income, if income is different from 2018 Tax Return Statement**
- Copy of 2019-2020 Financial Aid Award Letter

INTERNATIONAL STUDENTS ONLY:

- Copy of your most current I-20
- Copy of most current Embassy Support Living Stipend document, if applicable
- Copy of most current Embassy Tuition Assistance document, if applicable
- OSU Pay check stub, if currently employed

****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 Family Resource Center 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.

Student KidSpirit ACES Scholarship Application

Fall 2019-Spring 2020

Return this form October 11th, by 12 NOON to
Family Resource Center, 211 Champinefu Lodge

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

| | | | |
|--|--------|------------------|------------------------|
| 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"/> | Single Parent | <input type="checkbox"/> | INTO | <input type="checkbox"/> | Current Pell Grant Recipient |
|--------------------------|---------------|--------------------------|------|--------------------------|------------------------------|

INCOME INFORMATION:

DOMESTIC STUDENTS:

| | |
|---|-------------|
| A. All Employment Income (wages, salaries, bonus, and tips) for 2018 (Total amount from 2018 IRS income tax return statement) | \$ |
| B. Domestic Partner/Spouse Income for 2018 (Total amount from 2018 IRS income tax return statement; if tax return filed separately) | \$ |
| Do you believe the monthly equivalent of these numbers (2018 employment income/12) accurately reflects your financial situation for Fall Term 2019? If no, please attach documentation and indicate your projected numbers in the box below: | Yes No |
| C. Projected Household Income for Fall Term 2019 (include documentation) | \$ |

INTERNATONAL STUDENTS:

| | |
|---|-------------|
| D. Resources for 1 year as stated on I-20 | \$ |
| E. All Income (embassy support/living stipend/wages) for October 2019- September 2020 | \$ |
| F. Domestic Partner/Spouse Income (embassy support/living stipend/wages) for October 2019-September 2020 | \$ |
| Do you believe the monthly equivalent of these numbers reflect your financial situation for Fall Term 2019? If no, please attach documentation and indicate your projected numbers in the box below: | Yes No |
| G. Projected Household Income for Fall 2019? (Include documentation) | \$ |

EVERYONE:

| | |
|--|----|
| H. Financial Aid for Fall 2019 (Federal Grants and Loans and/or Embassy Tuition Assistance) | \$ |
| I. Academic Expenses for Fall 2019 | \$ |

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Please check all dates you plan to have your child(ren) attend KidSpirit ACES:

| ACES Scholarship Requested for: (mark all terms needed) | Fall Term October-December | Winter Term January-March | |
|--|-------------------------------|------------------------------|------------------------|
| | October 30 th | January 30 th | March 11 th |
| | October 31 st | January 31 st | March 12 th |
| | November 1 st | February 17 th | March 13 th |

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 Family Resource Center. I give Family Resource Center 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 Family Resource Center of any changes in the above information.

Signature of Applicant

Date