OSU FriendRaisers Child Care Assistance



This program is funded through an endowment at The OSU Foundation and is paid once per term, FWS, directly to the employee.

Return this form and address any questions by **Noon (12pm), on Friday 10/20/23**Family Resource Center, 1030 SW Madison Ave | Champinefu Lodge 211 | Corvallis, OR 97333
For questions, call 541-737-4906 or email amy.luhn@oregonstate.edu

MAKE SURE ALL ITEMS ARE CHECKED BEFORE TURNING IN YOUR APPLICATION

Application Checklist/Required Documents						
	Cover Letter*					
	Signed Application					
	Copy of a current monthly child care bill					
	Copy of your 2022 IRS Income Tax Return Statement					
	Copy of your spouse/partner's 2022 IRS Income Tax Return Statement (if filed separately)					
International Employees Only:						
	Copy of your most current work visa document					

- Applicants may be full-time or part-time employees in the faculty, staff, or post-doc/fellow classification
- Applicant's children must be currently enrolled in child care/early care and education
- 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 (copy of bills, etc.)
- Applicants who report fraudulent information will be disqualified from the subsidy pool
- Contact Family Resource Center <u>prior</u> to due date, if unable to submit application on time.

*A note about the cover letter:

In order to gain a better understanding of the circumstances parents face, we require that 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, etc.) Should you feel the financials on your application do not fully represent your situation; the cover letter is your opportunity to describe the unique circumstances of your family. Please restrict your cover letter to one page, single spaced. You may also use the back of this page should a computer not be available.

Applicant Consent: I have read the instructions for completing this form and to the best of m with regards to my income. I understand that I must provide adequate veclaims made on this application if requested by Family Resource Center. responsibility to notify Family Resource Center of any changes to the above	erification to support any of the above I also understand that it is my
Signature of Applicant	Date

For questions call 541-737-4906 or email amy.luhn@oregonstate.edu

Fall 2023-Spring 2024 Return this form by October 20, 2023 to Amy Luhn, 213 Champinefu Lodge

Applicant Name: Last		First:						
Street Address:		Apartment/Unit #						
City:		State		Zip Code:				
Phone:	OSU ID#							
OSU Email Address:								
Partner/Spouse's Name: Last (if applicable) First		Partner		's OSU ID # (if applicable)				
FINANCIAL INFORMATION:								
A. All Employment Income (wages, salaries, bonus, and tips) for 2022 (Total amount from 2022 IRS Income Tax Return Statement)				\$				
B. Domestic Partner/Spouse Income for 2022 (Total amount from 2022 IRS Income Tax Return Statement; if tax filed separately)				\$				
C. International Employees: Resources for 1 year as stated on work visa				\$				
D. Monthly child care cost				\$				
Do you believe these numbers accurately reflect your financial situation for the coming year? If not, please attach documentation and indicate your projected numbers in the box below:					No			
Projected Household Income for September 2023-August 2024				\$				
DEPENDENT INFORMATION:								
Child's Name		Birthdate		Full-Time	Part-Time			
1.								
2.								
3.								
4.								
CHILD CARE PROVIDER:								
Name		Street Addres	s					
Phone Number	City							
Email Address		State		Zip Code				