

STUDENT CHILD CARE ASSISTANCE APPLICATION

This program is brought to you by student fees and paid once per term to the student

Return this form and address any questions **by NOON (12pm), on Friday, 10/11/24** to

OLV | Milne, 1800 SW Campus Way | Milne Lower Level

For questions, contact 541-737-5499 or kristi.king@oregonstate.edu

Application Check List (Required Documents):

ALL STUDENTS:

- Cover Letter*
- Signed Application
- Copy of most current monthly child care bill (September/October 2024)
- Copy of OSU Accounts information indicating tuition, financial aid and fee costs for Fall Term 2024
- If you received Summer '24 Child Care Assistance: Receipts for child care payments- July, August, September 2024

DOMESTIC STUDENTS ONLY:

- Copy of your 2023 IRS Income Tax Return Statement
- Copy of your spouse/partners 2023 IRS Income Tax Return Statement (only if you filed separately)
- Alternate proof of income, if income is different from 2023 Tax Return Statement**
- Copy of 2024-2025 Financial Aid Award Letter (if applicable)

INTERNATIONAL STUDENTS ONLY:

- Copy of your most current I-20 (you and spouse)
- Copy of most current Embassy or Government Support Living Stipend document (you and spouse) (if applicable)
- Copy of most current Embassy or Government Tuition Assistance document (if applicable)
- Pay check stubs, if currently employed (September/October) (you and spouse)
- 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 child must be currently enrolled in a child-care program (center, family or individual).
- ❖ 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 assistance pool.
- ❖ Contact the 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 not be available to you.

Student Child Care Assistance Application

Fall 2024

Return this form October 11th, by 12 NOON to

OLV | Milne, 1800 SW Campus Way | Milne Lower Level

For questions contact 541-737-5499 or kristi.king@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 2023 (Total amount from 2023 IRS Income tax return statement)	\$
B. Domestic Partner/Spouse Income for 2023 (Total amount from 2023 IRS income tax return statement; if tax return filed separately)	\$

Do you believe the monthly equivalent of these numbers (2023 employment income /12) accurately reflects your financial situation for Fall 2024? Yes No

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

C. Projected Household Income for Fall 2024	\$
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INTERNATIONAL STUDENTS:

D. Resources for 1 year as stated on I-20	\$
E. All Income (embassy support/living stipend/wages) for Fall 2024	\$
F. Domestic Partner/Spouse Income (embassy support/living stipend/wages) for Fall 2024	\$

Do you believe these numbers above accurately reflect your financial situation for Fall 2024? Yes No

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

F. Projected Household Income for Fall 2024?	\$
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EVERYONE:

G. Monthly Child Care Cost (minus any other child care subsidy)	\$
H. Financial Aid for Fall 2024 (Federal Grants and Loans and/or Embassy Tuition Assistance)	\$
I. Academic Expenses for Fall 2024	\$

DEPENDANT INFORMATION

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

NAME AND BIRTHDATE OF EACH DEPENDENT CHILD ENROLLED IN CHILD CARE:

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

CHILD CARE PROVIDER INFORMATION:

Provider Name:	Phone #
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 the Family Resource Center. I give the 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 the Family Resource Center of any changes in the above information.

Signature of Applicant

Date