

2025-26

**OSU FriendRaisers
Child Care Assistance Application**



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 **5pm, Friday 10/24/2025**

Family Resource Center, 1050 SW Madison Ave

Azaela House, 2nd floor (reception) | Corvallis, OR 97333

For questions, call 541-737-4906 or email cari.maes@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 most recent (2024) IRS Income Tax Return Statement
- Copy of your spouse/partner's most recent (2024) 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 prior 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 my knowledge have answered truthfully with regards to my income. I understand that I must provide adequate verification to support any of the above claims made on this application if requested by Family Resource Center. I also understand that it is my responsibility to notify Family Resource Center of any changes to the above information.

Signature of Applicant _____

Date _____

For questions call 541-737-4906 or email
cari.maes@oregonstate.edu

Fall 2025-Spring 2026
Return this form by October 24, 2025
 to Cari Maes, Azalea House, 2nd floor

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 2024 (Total amount from 2024 IRS Income Tax Return Statement)	\$
B. Domestic Partner/Spouse Income for 2024 (Total amount from 2024 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Projected Household Income for September 2025-August 2026	\$

DEPENDENT INFORMATION:

Child's Name	Birthdate	Full-Time	Part-Time
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>

CHILD CARE PROVIDER:

Name	Street Address	
Phone Number	City	
Email Address	State	Zip Code