Application Instructions

Please submit completed applications to:

Human Services Resource Center: 233 MU East/Snell Hall Corvallis, OR 97331

Questions or concerns, need more information? Please contact:

Human Services Resource Center, 233 MU East/Snell Hall Corvallis, OR 97331
Phone: (541) 737-3747, or Email: hsrc@oregonstate.edu

General Instructions:
Before applying, students must be enrolled for the Aetna Student Health plan through Student Health Services. The Insurance MUST be paid by the third Friday of the term before applying for the subsidy. Those enrolled in the graduate student Pacific Source health plan are not eligible for subsidy.

The following instructions are to aid you in filling out this application form to the fullest. Insufficient or false information will lead to an application’s denial. The application can take up to 3 weeks to process through the University. Each of the following requirements must be followed for an application to be considered. If any of the line items on the application do not apply, do not leave the line blank but enter a zero ($0) in the appropriate field.

Applications must be turned in by the office closing time on the third Friday of the term!

Required Documentation: Ω = Indicates documentation is required for this item. See the instruction page for details.

The following items require documents to prove the numbers you list on your application (identified by line number):

1a - Personal Income: Recent paystub for each of your jobs
1b - Spousal/Partner Income: This is income from your spouse or domestic partner if they support you by paying for all or part of your share of the expenses. A recent paycheck stub is required.
1c - Other household members’ Income: This is income from other members of the house in which you live, if they support you by paying for all or part of your share of the expenses. A recent paycheck stub is required.
5a - Accepted Award Package: This is the award package you receive(d) this term through Financial Aid. The Account Summary By Term from Student Online Services will provide this information.
7 - Term Cost of Attendance: This is a summary of all charges to your student account from the University. An account summary by term from Student Online Services will provide this information, through the student records tab.
8a - Child or Dependant Care: Expenses for daily care of a child or other dependant. A receipt from the care provider will provide this information.
8b - Child Support: Child support paid to another parent/guardian for the financial needs of your child as required by the courts. A letter or summary from a lawyer or court officer will provide this information.
8c - Medical Expenses not covered by health insurance: These are monthly recurring medical expenses for medications, procedures, etc. (A receipt or letter stating your expenses MUST be provided.)
8d - Other: Any other expenses that you feel are not taken into account by this application. A detailed explanation of the expense and the need must be provided to be considered by the review panel. Do not include expenses such as rent, utilities, weekly food expenses, gas and car expenses, or school books or supplies, because they have already been accounted for elsewhere.

Application Procedures:
Once all applications are received for the current term, the applications will be processed all at once. Before money will be distributed, all names and student ID numbers are shared with the Student Health Services Health Insurance office for purposes of verifying enrollment in the Aetna Student Health Plan. Those students with confirmed enrollment and proven financial need will be awarded money. Those students not enrolled and paid by the deadline in the Aetna Student Health Plan will be denied.

All available money allotted for the current term will be distributed among all awardees based on need, thus it is not possible to tell how much an applicant might be eligible for until after all applications have been processed.

Once all applications have been received and processed, each applicant will be notified via email of the decision regarding their application, and if applicable how much money they have been awarded.

Confidentiality Notice:
The HSRC will hold all personal information collected from each applicant, their application, and associated documents and materials in the strictest confidence at all times.
# HSRC Student Health Insurance Subsidy

*Please Print Legibly*

## Personal Information

<table>
<thead>
<tr>
<th>Name (First):</th>
<th>(Last):</th>
<th>OSU ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td>Phone: (  ) -</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

Email (ONID only): |

Do you live in (check one): [ ] Residence Hall [ ] Student Co-op [ ] Greek House [ ] Other:

## Student Status (check one) [ ] Undergraduate [ ] Graduate

Resident Status (check one): [ ] Domestic [ ] International

Check Application Term:
- [ ] Fall
- [ ] Winter
- [ ] Spring
- [ ] Summer

Do you have any dependents? (not yourself):
- [ ] Yes
- [ ] No

Number of Dependents: |

Ω = Indicates documentation is required for this item. See the instruction page for details.

## Sources of Earned Income (by month):

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Income: All income from your job(s) per month</td>
<td>(1a) $</td>
<td>Ω</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Income: All income from their job(s) per month</td>
<td>(1b) $</td>
<td>Ω</td>
</tr>
<tr>
<td>Other household members’ Income: All income from their job(s) per month</td>
<td>(1c) $</td>
<td>Ω</td>
</tr>
</tbody>
</table>

Total Earned Income (Add lines 1a-1c): (2) $

## Sources of Unearned Income (by month):

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Assets: Monthly total withdrawn from savings accounts used to pay for expenses</td>
<td>(3a) $</td>
<td></td>
</tr>
<tr>
<td>US Government benefits (please check): [ ] TANF [ ] WIC [ ] SNAP [ ] SSI [ ] Veteran’s</td>
<td>(3b) $</td>
<td></td>
</tr>
<tr>
<td>Foreign Government support: Any financial support originating from your foreign gov.</td>
<td>(3c) $</td>
<td></td>
</tr>
<tr>
<td>Family/Parent Monetary Support: Money for non-scholastic expenses (by month)</td>
<td>(3d) $</td>
<td></td>
</tr>
<tr>
<td>Investment Income: Income from dividends, trusts, money market accounts, etc.</td>
<td>(3e) $</td>
<td></td>
</tr>
</tbody>
</table>

Total Unearned Income (Add lines 3a-3e): (4) $

## Financial Aid Information (by term):

<table>
<thead>
<tr>
<th>Source of Aid</th>
<th>Amount</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted Award Package: Please Print off Account Summary By Term from Online Services</td>
<td>(5a) $</td>
<td>Ω</td>
</tr>
<tr>
<td>Other scholarships: Community, organization, foundation scholarships, etc.</td>
<td>(5b) $</td>
<td></td>
</tr>
<tr>
<td>Family/Parent Scholastic Support: Money for scholastic expenses (by term)</td>
<td>(5c) $</td>
<td></td>
</tr>
<tr>
<td>Bank or Personal Loans: Money from a financial institution, or other source for school</td>
<td>(5d) $</td>
<td></td>
</tr>
</tbody>
</table>

Total Financial Aid (Add lines 5a-5d): (6) $

## Term bill for attendance †: total bill from the University for this term for academic charges only: (7) $

## Special Expenditures/Circumstances (by month):

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amount</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child or Dependent Care: Money paid to a licensed childcare or hospice provider</td>
<td>(8a) $</td>
<td>Ω</td>
</tr>
<tr>
<td>Child Support: Money paid to another parent/guardian as required by the court system</td>
<td>(8b) $</td>
<td>Ω</td>
</tr>
<tr>
<td>Medical Expenses not covered by health insurance (Recurring monthly)</td>
<td>(8c) $</td>
<td>Ω</td>
</tr>
<tr>
<td>Other: Please attach a detailed explanation of the expense(s) and the need</td>
<td>(8d) $</td>
<td>Ω</td>
</tr>
</tbody>
</table>

Total Special Expenditures (Add lines 8a-8d): (9) $

I have read the instructions for completing this form and I have answered all of the above questions truthfully and thoroughly. I understand that false information or failure to provide any required information will result in my application being denied. I understand that I must provide documentation to support all claims as indicated by Ω, and may be required to provide additional documentation as requested by the HSRC. I give the HSRC permission to verify any of the above information. I understand that it is my responsibility to notify the HSRC of any changes in the above information, if those changes occur prior to receiving an award.

Signature of applicant: ___________________________ Date: ____________

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