

MealBux



# HSRC Mealbux Application

## Application Instructions

### Please submit completed applications to:

**Human Services Resource Center**, 208 Avery Lodge Corvallis, OR 97331

**If you have questions, concerns or need more information, please**

**contact:** Human Services Resource Center, 208 Avery Lodge Corvallis, OR 97331  
Phone: (541) 737-3747 or Email: [HSRC@oregonstate.edu](mailto:HSRC@oregonstate.edu)

### General Instructions:

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 **five weeks** to process. 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 office closing time on the first Friday of the term!**

### Required Documentation:

The following items, if they apply to you, **require documents** to demonstrate the claims listed on your application: (identified by line number)

- 1 - Personal Income:** Please provide a recent paycheck stub for each of your jobs, or a letter from your job stating your rate of pay and the amount of hours worked in a month **if you have not yet received a paycheck.**
- 2 - 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.**
- 7a - Accepted Award Package:** This is the award package you receive **this term** through Financial Aid. The **Account Summary by Term** from your Student Online Services will provide this information. **We do not need your Award Letter.**
- 11 - Term Cost of Attendance:** This is a summary of all charges to your student account from the University. The **Account Summary by Term** from your Student Online Services will provide this information and is **required for ALL applicants.**
- 12 - Child or Dependant Care:** These are expenses for daily care of a child or other dependent. **A receipt or signed letter stating monthly charges from the care provider is required.**
- 15 - Medical Expenses *not* covered by health insurance:** These are **monthly** recurring medical expenses for medications, procedures, etc. **A receipt or monthly statement showing payment MUST be provided.**
- 13 - Child Support:** This is 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.**

**Other expenses will be considered in an appeals process, if necessary.**

### Application Procedures:

#### **APPLICATIONS MUST BE TURNED IN TO THE HUMAN SERVICES RESOURCE CENTER.**

Applications that are turned in anywhere else, without the proper documentation, or after the deadline will be automatically denied. Once your application is submitted, it will be processed by the HSRC staff. If your application is denied you will be informed of the denial by email and given the opportunity to submit your application for an appeal. Your appeal submission should include a personal letter and personal budget explaining your reason for seeking the review, and why the application does not adequately represent your situation. A review committee will evaluate your application and personal situation outside the boundaries of the information provided. A decision will be rendered and sent to you in a timely manner.

### Confidentiality Notice:

The HSRC will hold all personal information collected from each applicant in the strictest confidence at all times.

**Office Use Only:** Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Information (Make sure you include ALL of your contact information!) \*\*Print Legibly\*\***

Name (First): _____ (Last): _____	OSU ID #: _____
Address: _____	Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____	Email (ONID only): _____

**Best way to contact you (check one):**  Phone  E-mail **Are you an INTO OSU student?**  Yes  No

**Do you live in (check one):**  Residence Hall  Student Co-op  Greek House  Family Housing  
 Rental  Currently without  Owned Home  Other:

<b>Student Status (check one)</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<b>Check Application Term:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	<b>Do you have dependents? (not including yourself):</b>  Yes No
<b>Resident Status (check one)</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Out of State		
<b>Check all that apply:</b> <input type="checkbox"/> Student Parent <input type="checkbox"/> Veteran <input type="checkbox"/> Student Athlete <input type="checkbox"/> Student with Disabilities		<b>Number of Dependents:</b> _____

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

**Sources of Earned Income (by month):**

<b>Personal Income:</b> All income from <i>your</i> job(s) per month	(1) \$	Ω
<b>Spouse/Domestic Partner Income:</b> All income from <i>their</i> job(s) per month	(2) \$	Ω

**Sources of Unearned Income (by month):**

<b>US Government benefits (please check):</b> <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> Veteran's	(3) \$	(If applicable.)
<b>Foreign Government support:</b> Any financial support originating from your foreign govt.	(4) \$	
<b>Family/Parent Monetary Support:</b> Money for non-scholastic expenses ( <i>by month</i> )	(5) \$	
<b>Investment Income:</b> Income from dividends, trusts, money market accounts, etc.	(6) \$	
<b>Financial Aid Information (by term):</b> (If you have questions, please ask for help to ensure that it's correct)		

<b>Accepted Award Package:</b> Please Print off <b>Account Summary By Term</b> from Online Services	(7a) \$	Ω
<b>Other Scholarships:</b> Community/foundation. (NOT found on your Account Summary)	(7b) \$	
<b>Family/Parent Scholastic Support:</b> Money for scholastic expenses ( <i>by term</i> )	(7c) \$	

**Total Financial Aid (Add lines 7a-7c):** (8) \$

<b>Bank or Personal Loans:</b> Financial Institution (NOT found on your Account Summary)	(9) \$	
<b>Cash Assets:</b> Cash on hand. (Please do not include your refund money.)	(10) \$	

**Term Bill for Attendance (by term):**

<b>Term bill for attendance:</b> Total bill from the University for this term for academic charges only.	(11) \$	Ω
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**Special Expenditures/Circumstances (by month):**

<b>Child or Dependant Care:</b> Money paid to a licensed childcare or hospice provider	(12) \$	Ω
<b>Child Support:</b> Money paid to another parent/guardian as required by the court system	(13) \$	Ω
<b>Health Insurance Payments:</b> Recurring monthly. (NOT university provided.)	(14) \$	
<b>Medical Expenses <u>not</u> covered by health insurance:</b> Recurring monthly.	(15) \$	Ω

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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