

Financial Aid and Scholarship Application Form 2017-2018 Four Star Express



PART 1: Program

Osseo Area Schools Four Star Express *(check site that applies)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Basswood Elementary | <input type="checkbox"/> Cedar Island Elementary | <input type="checkbox"/> Fernbrook Elementary |
| <input type="checkbox"/> Oak View Elementary | <input type="checkbox"/> Rice Lake Elementary | <input type="checkbox"/> Rush Creek Elementary |
| <input type="checkbox"/> Weaver Lake Elementary | <input type="checkbox"/> Woodland Elementary | |

PART 2: Student Information

Legal Name *(Last, First, MI)*: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address *(if different from home address)*: _____

City: _____ State: _____ Zip: _____

Birth date (mm/dd/yyyy): _____ Age: _____ Grade Entering: _____

Gender: Male Female

Student lives with *(check all that applies)*:

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other <i>(specify)</i> _____ | |

To help us keep families together, does this student have any brothers and/or sisters participating in Osseo Area Schools School Age Care programs?

- No If yes, please list: _____

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PART 3: Parent, Legal Guardian or Foster Parent Information

Birth Parents' Marital Status *(check appropriate box)*:

- Married Never Married Legally Separated Separated Divorced Widowed

Indicate who has physical custody of student *(check all that applies)*:

- Mother Father Foster Parent Legal Guardian Other *(specify)* _____

Parent A Parent, Legal Guardian or Foster Parent

(Primary person to which all correspondence regarding financial aid and/or scholarship will be sent)

Legal Name *(Last, First, MI)*: _____

Relationship to student: _____ Birth date: _____ Age: _____

Home Address *(if different from student)*: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Home Work Cell

Alternate Phone Number: _____ Home Work Cell

Email Address: _____

Parent B Parent, Legal Guardian or Foster Parent

(Primary person to which all correspondence regarding financial aid and/or scholarship will be sent)

Name *(Last, First, MI)*: _____

Relationship to student: _____ Birth date: _____ Age: _____

Home Address *(if different from student)*: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Home Work Cell

Alternate Phone Number: _____ Home Work Cell

Email Address: _____

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PART 4: Household Information

List all other dependent children residing in the same household as student:

Name	Date of Birth	Relationship to Student	Name of School Currently Attending	Applied for Osseo Area Schools Financial Aid or Scholarship
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all other adults living in the same household as student:

Name	Relationship to Student	Name	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Living in Household: _____

PART 5: Parent, Legal Guardian, Foster Parent Income and Expense Information

a) Is this student currently receiving financial assistance through Hennepin County or another agency?
 No Yes, send in your most current copy of your household summary and Aid to Families With Dependent Children Financial Benefit History

b) Is this student currently designated as a Ward of the Court &/or cared for by a court appointed guardian?
 No Yes, send in a copy of Ward of the Court legal documentation or Foster Care Board Payment.

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PART 5: Parent, Legal Guardian, Foster Parent Income and Expense Information - *continued*

c) Were you required to file federal income taxes for 2015 or 2019 (whichever is most recent)?

Parent A	Parent B	Required Document
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Send in a signed copy of your filed 2015 or 2016 federal 1040 tax return with all schedules, W-2s and all 1099 forms
<input type="checkbox"/> No	<input type="checkbox"/> No	Send in all income verification forms (W-2s, 1099, unemployment Statements, etc.)

d) List all other untaxed income received in 2015 or 2016 (whichever is most recent).

Untaxed Income	Monthly Amount	Additional Document &/or Information
Child Support	\$ _____	Copy of 2015 or 2016 Form SSA-1099 for entire family
Workers Compensation	\$ _____	
Social Security Benefits	\$ _____	

List SSN beneficiary(s): _____

Other Untaxed Income \$ _____

Explain and send in supporting documents:

Expenses

a) Annual Medical/Dental expenses paid in 2014 or 2015 not reimbursed by insurance company(s)

\$ _____ Explain: _____

b) Unusual expenses paid in 2015 or 2016. *See Allowable Unusual Expenses below

\$ _____ Explain: _____

**Allowable Unusual Expenses include: child support paid; closing costs for home purchases or home refinancing; legal fees; nursing home/assisted living care; sewer, street and water assessments (installation only); special costs for a child with disability; un-reimbursed tuition for parent's education; or uninsured natural disaster expenses (flood, fire, storm damage, etc.)*

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PART 5: Parent, Legal Guardian, Foster Parent Income and Expense Information - *continued*

Current Assets and Debt

- c) Do you own your home? Yes No
 Present market value of home \$ _____
 Unpaid principal on first mortgage, second mortgage and/or equity loan \$ _____
- d) Do you own **other** real estate? Yes No
 Present market value of real estate \$ _____
 Unpaid principal on first mortgage, second mortgage and/or equity loan \$ _____
- e) Bank accounts:
 Total of parents' checking and savings accounts \$ _____
- f) Investments:
 Parents' net value (stocks, bonds, mutual funds, etc.) \$ _____
- g) Current debt *See Allowable Debt below.
 \$ _____ Explain: _____

**Allowable Debt items include: past educational debt of parents; encumbrances (lien, personal loan for down payment, etc.) against home or other real estate; funeral expenses; general medical and dental expenses; debts for investments; legal fees; living expenses if business failure, prolonged illness, unemployment, etc., past business debts (business dissolved); or natural disaster not covered by insurance (flood, fire, storm, etc.)*

- h) Do you own a business and/or farm? Yes No
 Percentage of business ownership % _____
 Business Assets \$ _____
 Business Debt \$ _____

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PART 6: Parent, Legal Guardian or Foster Parent Certification and Authorization

The above information is true and correct. I understand the application process will be terminated or my application will be disqualified by Osseo Area Schools if any information that I have given in this application or to any third party as part of the qualifying process is false or misleading or if I have failed to provide timely information requested regardless of the time elapsed after discovery. I shall be subject to termination of funds and repayment of funds, including reasonable attorney's fees incurred to collect such refund. I understand that this application and all required documents, including documents provided to a third party as part of the application process, shall become the property of Osseo Area Schools and that forms and or documents will not be returned.

I understand that this is an application for financial aid and scholarships only and does not affect acceptance into the program.

Signature of Parent, Legal Guardian, or Foster Parent

Date

Print Name of Parent, Legal Guardian or Foster Parent

Check here if you do not wish to receive mailings related to activities/events in support of Osseo Area Schools programs and services.

Do not use this application for any other financial aid or scholarship offered through Osseo Area Schools or its affiliates.

Send completed Financial Aid and Scholarship Application and required documents to:

IDS 279 Enrollment Ctr. / Kidstop
Northwest Family Service Center
7051 Brooklyn Blvd.
Brooklyn Center, MN 55429

For additional applications, or if you have questions, call 763-585-7281 between 7:00am – 4:30pm.
Visit our website at www.kidstop279.org. *Four Star Express tab on left side of main page.*)

Office Use:	Total Yearly Tuition: \$9,960		
Date Received: _____	Child Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved Aid Amount: <input type="checkbox"/> None	50 % Discount <input type="checkbox"/> \$4,980	75% Discount <input type="checkbox"/> \$7,470.00	<input type="checkbox"/> Other _____
Parent Responsibility:	<input type="checkbox"/> \$4,980	<input type="checkbox"/> \$2,490.00	
Payment Schedule:	\$124.50/Week	\$62.25/Week	