

OSU KidSpirit Academic Year Scholarship Application

Term(check term that applies): ___ Fall ___ Winter ___ Spring _____(year)

Child Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Sessions Attending _____

Does child qualify for Head Start? (Y/N): _____ Does child qualify for Free/Reduced Lunch? (Y/N): _____

Parent/Guardian Information:

Name of Parent/Guardian 1: _____ Email (Required): _____

Address: _____ Apt# _____ Day Phone: _____

City: _____ State: _____ Zip: _____ Evening Phone: _____

Place of Employment: _____ Years with Company: _____

Position: _____ Salary/Wage: _____

Name of Parent/Guardian 2: _____ Email (Required): _____

Address: _____ Apt# _____ Day Phone: _____

City: _____ State: _____ Zip: _____ Evening Phone: _____

Place of Employment: _____ Years with Company: _____

Position: _____ Salary/Wage: _____

Application Requirements:

- **All applications** must be accompanied by a KidSpirit registration confirmation
-AND-
- **Head Start families** must submit the following:
 - This form.
 - Documentation that they qualify for Head Start.
- **Free/Reduced Lunch families** must submit the following:
 - This form.
 - Documentation that they qualify for Free/Reduced Lunch.
- **Applications for foster children** must submit the following:
 - This form.
 - A letter of need from the case worker.
- **Requests from all other parties** must submit the following:
 - One-page, typed statement describing circumstances and need for requesting an OSU Scholarship.
 - A letter of recommendation, from a non-family member, addressing the parent's/guardian's level of need and how/why the OSU KidSpirit program will benefit the child.
 - A copy of a current pay stub(s) and document all additional sources of monthly income.

Submit the completed application to: KidSpirit Scholarships
125 Langton Hall
Oregon State University
Corvallis, OR 97331