

# Financial Aid and Scholarship Application Form 2019-2020 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"/> 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 2017 or 2018 (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 2017 or 2018 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 2017 or 2018 (whichever is most recent).

Untaxed Income	Monthly Amount	Additional Document &/or Information
Child Support	\$ _____	Copy of 2017 or 2018 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 2017 or 2018 not reimbursed by insurance company(s)

\$ \_\_\_\_\_ Explain: \_\_\_\_\_

b) Unusual expenses paid in 2017 or 2018. \*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.

You can fax application to 763-585-7284 or 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](http://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	<b>50 % Discount</b> <input type="checkbox"/> \$4,980	<b>75% Discount</b> <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	