

Financial Hardship Scholarship Application 2023-2024

About the scholarship:

The purpose of the OSU-Cascades Financial Hardship Scholarship is to assist students who may have experienced sudden, extreme circumstances or life events. This funding is being provided to help ensure that OSU-Cascades students with demonstrated financial need are able to continue their education.

If you have been impacted by loss of wages or caring for yourself or others, you may be eligible for the financial hardship scholarship. In your application, please describe the financial crisis you are experiencing and its potential impact to your ability to continue your studies at OSU-Cascades.

Please review the eligibility criteria listed below. Exceptions to eligibility criteria may be considered. Scholarship will be awarded in a timely manner until allotted funds have been depleted. The awards range from \$250 to \$1,000 per award.

Student must meet ALL of the following requirements to be considered for OSU-Cascades Financial Hardship Scholarship:

Must be a degree-seeking student;

Must be an OSU-Cascades student in good standing;

Must be enrolled in at least 6 credits at OSU-Cascades for the term of the funding;

Must have a current FAFSA or ORSAA on file;

Must have received all possible financial aid or other financial resources before applying for this scholarship (grants, student loans, college savings accounts, etc.);

Must have unexpected financial expenses due to circumstances beyond their control.

Application process:

- This is a fillable form. You must download it first to complete, sign, and submit it electronically.
- Please follow the instructions carefully, complete the application to the best of your ability and email all pages from your ONID account to financialaid@osucascades.edu.
- The scholarship committee may request additional information or supporting documentation.
- Funds are limited. Applicants will be reviewed on a first-come-first-serve basis.
- Applicants will be notified of the final decision and any necessary next steps via ONID email.

Important Application Note:

- The application must be completed and submitted by the student.
- OSU-Cascades academic advisors, instructors, faculty, staff, parents, and/or legal guardians are not permitted to submit this application on behalf of the student.
- Priority will be given to students who have not yet received a financial hardship scholarship.

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FERPA

EMERGENCY GRANT RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby give my consent to Oregon State University to release education records or personal information to individuals or entities to whom I have applied for a scholarship or who have awarded me a scholarship ("Recipients"). I consent to the disclosure of any and all education records and personal information that is needed by Recipients to evaluate, award, renew, update, maintain or administer my scholarship or scholarship application. These records and information may include, but are not limited to, application information (resume, letter, etc.), GPA, year in school, financial need, and major field of study. Personal information may be re-disclosed by Recipients only as needed for their own stewardship or grant request purposes and will otherwise remain confidential. My name, image, and directory student information may be shared in any media release publicizing the scholarship. I understand further that:

- 1. I have the right not to consent to the release of my education records and I understand that my refusal to consent may jeopardize my eligibility for some scholarships;
- 2. I have the right to receive a copy of such records upon request;
- 3. This consent shall remain in effect until revoked by me.

Submission of this scholarship application confirms my choice to consent to, or to withhold my consent from, this FERPA Release.

THIS INFORMATION IS RELEASED PURSUANT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

I indicate whether I consent to the FERPA information release by my choice to give, or withhold, my authorization: I have read and agree to the above terms and conditions.

	I Give Consent			
	I Withhold Consent			
Print Name:		Student ID Number:		
Signature:		Date:		

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GENERAL STUDENT INFORMATION

(This is a fillable form)

Last Name First Name MI		Student ID Number				
Street	City	State	Zip	ONID email		
Are you enrolled or will you be enrolled at OSU-Cascades for the term in which you are requesting the financial hardship scholarship?				Whose employment was affected? Select all that apply. Student/Self		
	Yes	No		Spouse		
Have you sub	omitted FAFSA or OF	RSAA for the current ac	ademic year?	Guardian/Par	ent	
	Yes No		Other (please explain):			
Are you currently receiving financial aid and/or scholarships?				Other (pieuse expluin).		
	Yes	No		Was the job lost or hours reduced?		
Is this your first time applying for the financial hardship scholarship?			scholarship?	Lost		
	Yes	No		Hours reduced		
Are you requ	esting assistance du	ue to COVID-19?		What was the hourly o	r monthly wage?	
	Yes	No		·	· -	
Has anyone in your household lost a job?		Hourly	Hours per week			
•	Yes	No		Monthly		
				Please indicate dollar amount needed. *Awards range from \$250 to \$1,000		
			FINANCIAL I	NEED		
			_	= = = = = = = = = = = = = = = = = = = =	ne financial hardship scholarship. r response to 300 words or less.	
I	am requesting a fir	nancial hardship schola	rship based on t	he true and accurate info	rmation provided above.	
Student Signature:				Date:		
How did y	ou hear about the f	inancial hardship scho	larship?	Academic Advisor Instructor/Faculty Student Services Staff	(Enrollment/Financial Aid)	

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Another Student

Other: