January 3, 2014

Dear Jim Sells Applicant,

The continuation of your Jim Sells award for Winter 2014 term requires you to submit the attached Award Continuation Form. Fill out page two, attach proof of changes, and return it to me by January 9, 2014. If you wish to receive an award for winter term you must return this form to the Resource Center for Students with Children.

*If you receive Financial Aid:* If you were full-time last term, or if you were part-time and now are significantly changing your enrollment, you must let financial aid know. To let them know, go online and type in this: [www.pdx.edu/finaid/revision-forms](http://www.pdx.edu/finaid/revision-forms), and then click on “Revision Request Form”. This may affect whether or not you are able to accept the Jim Sells Childcare Subsidy without adversely impacting your financial aid eligibility.

Sincerely,

Lisa Bassett
Accounting Specialist
Resource Center for Students with Children
503.725.5655 (phone)
503.725.5683 (fax)
lbassett@pdx.edu

PLEASE RETURN PAGE TWO ON OR BEFORE January 9, 2014

By email: lbassett@pdx.edu

By fax: 503.725.5655

By snail mail:

Resource Center for Students with Children
PO Box 751 – RCSC
Portland, OR 97207
Winter 2014 Jim Sells Award Continuation Form

Applicant Name: _____________________________________ PSU ID # ______________________

Gross household income. Write “same” if nothing changed. $ ______________________

Number of credits completed Fall 2013: ______ Credits I will be enrolled in for Winter 2014: ______

Initial each change from your fall term application:

____ I have had a change in custody of my child(ren)

____ I have added a child to my family

____ I have had a change in my family composition (e.g.: a child moved out, separation/divorce, etc.)

____ I (or my partner) had a change in employment, embassy support or other income

____ My student status has changed. Please circle one: I am now Graduate*Post Bacc*Doctoral

____ My child care costs have changed. (Attach proof: a bill or statement)

Please explain any changes: _____________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please read and sign the verification statement below to confirm all information.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE Guidelines for the Jim Sells Child Care Assistance Program. To the best of my knowledge all information recorded on this Award Continuation Form is true and correct. I understand that I must provide adequate information to support any claims made on this application if requested. I give the Resource Center for Students with Children consent to verify any of the information on this application. I understand that not following the Jim Sells Child Care Assistance guidelines may result in my disqualification for this program or non-payment of the award granted. It is my responsibility to notify the Resource Center for Students with Children office of any changes in the information provided and failure to do so may result in my disqualification for this program.

Applicant Signature ________________________________ Date: __________________

YOUR SIGNATURE IS REQUIRED TO PROCESS YOUR AWARD CONTINUATION Rev. 10/2013