



**OXY FINANCIAL AID  
OSHIP Grant Application  
2014-2015**

STUDENT'S NAME: \_\_\_\_\_

OXY ID: \_\_\_\_\_

Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041  
323.259.2548 ~ 323.341.4961 (fax) ~ [finaid@oxy.edu](mailto:finaid@oxy.edu) ~ [www.oxy.edu/financial-aid](http://www.oxy.edu/financial-aid)

An OSHIP Grant may be available to help you cover the cost of Oxy's health insurance. Please complete this form and return it to the Oxy Financial Aid Office. Read through this form carefully and answer all questions. Incomplete forms may hinder your eligibility for this grant.

**1. Do you currently have health insurance (answer "no" if currently insured through Oxy)?**.....  No  Yes

If no, please indicate reason and proceed to question 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If yes, did you apply and were you denied the hard waiver request from Gallagher?.....  No  Yes
- o **No:** Please visit [www.gallagherstudent.com/oxy](http://www.gallagherstudent.com/oxy) to request a hard waiver. If you are currently insured and meet the criteria for the hard waiver, you are not eligible for this grant.
  - o **Yes:** Attach copy of the hard waiver denial notification with this application and proceed to question 2.

**2. Are you eligible for discounted medical coverage under the Affordable Care Act?**.....  No  Yes

If no, please indicate reason and attach documentation showing ineligibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If yes, do you have a monthly cost for your insurance?.....  No  Yes
- o **No:** If you are eligible for federal health insurance at no cost, you are not eligible for this grant.
  - o **Yes:** Attach copy of your monthly health insurance cost with this application.

**What Happens Next?**

Once your application is reviewed we will inform you whether you were approved or denied grant assistance. If approved, we will send you a revised award letter reflecting your OSHIP Grant. If denied you will be responsible for any health insurance costs (whether through Oxy or through an outside source) incurred during the academic year.

**CERTIFICATION**

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**