

DCF Scholarship Application for Youth in Out-of-Home Care

NOTE: Instructions for completing application are on page 1. Page 2 is the actual application.

Use of form: The Department of Children and Families (DCF) Scholarship Program awards scholarship funds for youth who have been in out-of-home care and are entering a degree, license or certificate program. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Eligibility Requirements

To qualify for a DCF Scholarship award, the applicant must:

- Have been in an out-of-home care (OHC) court ordered (Ch. 48 or 938) placement (kinship, foster home, group home or residential care center) and left OHC at age 18 or older; or
- Have been in an OHC placement on their 16th birthday and gone to court ordered guardianship or adoption from an OHC placement any time after attaining the age of 16.
- Have aged out of OHC placement in another state but become a permanent resident of Wisconsin prior to attending a Wisconsin postsecondary institution.
- Be accepted into an accredited postsecondary institution (i.e., college, vocational or technical program) at the time the application is submitted.
- Be age 20 or less, unless enrolled in a postsecondary program and receiving the DCF Scholarship on his / her 21st birthday, thus extending eligibility to the student's 23rd birthday.

Scholarships may be awarded up to the cost of attendance and may not exceed \$5,000. Funds for all scholarships **will be paid directly to the institution**. Funds may not be used for outreach, enrichment, special student programs or any other program participation costs. Unused funds will be returned to the DCF.

Instructions:

This form must be fully completed for scholarship consideration. Incomplete forms will be returned to the applicant. A new form must be completed for each award requested. In addition, one of the following documents must accompany the application:

- For first time applicants, a copy of the acceptance letter from the institution of higher education.
- For applicants previously receiving this scholarship award, proof of successful completion of the prior semester(s). A copy of grades and / or college credits earned during the period in which this scholarship was received must be included **with** the application.
- For applicants 21 years of age or older, proof of college attendance and participation in the DCF Scholarship Program when you turned 21.

Send completed application to:

Foster care youth from Milwaukee County only

Rebecca Chagall, Program Coordinator
Division of Milwaukee Child Protective Services
635 N. 26th St.
Milwaukee, WI 53233
Email: Rebecca.Chagall@wisconsin.gov
Fax Number: (414) 220-7062
Telephone Number: (414) 343-5713

Foster care youth from counties and tribes outside of Milwaukee County

DCFScholarship@wisconsin.gov
Telephone Number: (608) 422-6990

This scholarship program is made available through the Federal Chafee Foster Care Independence Program, Education and Training Vouchers Program. Scholarships are awarded by the State of Wisconsin Department of Children and Families.

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| Name – Applicant (Last, First, MI) | | Birthdate (mm/dd/yyyy) | Social Security Number (optional) |
| Any Other Names By Which You Have Been Known | | Date of Name Change(s) | |
| Current Mailing Address (Street, City, State, Zip Code) | | Telephone Number | |
| Email Address | | County of Residence | |
| Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No | Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other | | |
| Last Grade Completed | | Date of Completion (mm/dd/yyyy) | |
| Name – Last School Attended | | Location of Last School Attended (City, State) | |
| SEND SCHOLARSHIP AWARD TO: | | | |
| Name – College or Technical / Vocational School | | Telephone Number – Business Office | |
| Business Office Mailing Address (Street, City, State, Zip Code) | | | |
| Date of Enrollment | Major Field / Training Area | | Scholarship Amount Requested \$ |
| Indicate the Time Period of the Scholarship (Choose one) <input type="checkbox"/> Entire school year <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Other: From: _____ To: _____ (mm/dd/yyyy) (mm/dd/yyyy) | | Education Costs for Period of the Scholarship Request Tuition and Fees: \$ _____ Books: \$ _____ Total Cost: \$ _____ | |
| Other Financial Resources Applied for or Receiving (Check all that apply) | | | |
| <input type="checkbox"/> County Education and Training Voucher (ETV) \$ _____ | | | |
| <input type="checkbox"/> Savings \$ _____ | | <input type="checkbox"/> Family Support \$ _____ | |
| <input type="checkbox"/> Grants \$ _____ | | <input type="checkbox"/> Loans \$ _____ | |
| <input type="checkbox"/> Work Study \$ _____ | | <input type="checkbox"/> Other \$ _____ | |
| Scholarship awards are non-transferable. Additional funding for costs associated with postsecondary education or training may be available. For more information, contact the Independent Living Coordinator in your county , tribe or Transition Resource Agency . | | | |
| County Supervising Your Out-of-Home Care Placement | Name – County, Tribe or Transition Resource Agency Worker | | |
| Total Number of Years / Months in Out-of-Home Care After the Age of 15 | | Date Exited Out-of-Home Care (mm/dd/yyyy) | |
| Name – Person Assisting with Application (if applicable) | | Telephone Number | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I understand that continued eligibility for the DCF Scholarship Program is dependent upon satisfactory performance. I also understand that I am required to submit proof of performance for subsequent applications and awards. | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Permission granted to exchange and release information regarding educational, financial aid and/or billing records as requested by the DCF Scholarship program for the purpose of postsecondary education funding. In addition permission to release and/or exchange information pertaining to my academic needs and / or support. | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | DCF or the campus may contact me regarding opportunities related to foster youth alumni. | | |
| SIGNATURE – Applicant | | Date Signed (mm/dd/yyyy) | |