

New Jersey Foster Care (NJFC) Scholars Program Educational Support Request

Processing Instructions

1. The **student must be accepted** into NJFC before submitting an Educational Support Request. For an NJFC Scholars Program Application, call 800-222-0047 or visit www.njfc-scholars.org.
2. Please fully complete the form and **fax to: 609-452-2635 or 609-520-1515 (Attention: Scholarship Department)** or mail to: Foster and Adoptive Family Services, Scholarship Department, PO Box 518, 4301 Rt. 1 South, Monmouth Junction, NJ 08852.

Important Reminders

- * Educational supports are awarded on a case-by-case basis. If a support request is approved, the student will receive written notification of award and amount.
- * The student must be enrolled in school and maintain good academic standing to receive educational supports.
- * The student's tuition need is taken into account by the NJFC Scholars Program before providing any educational supports.
- * Educational supports will be disbursed in a maximum of 4 month increments (one academic semester). Supports are not renewed automatically; they must be requested each semester. In order to receive the maximum disbursement request must be in before the beginning of the semester. Each week/month the request is not in, reduces the amount of funding that can be disbursed.
- * Requests may take up to five (5) weeks to process; checks are sent directly to vendors.

THIS SECTION MUST BE COMPLETED FOR PROCESSING:

DATE OF REQUEST: _____

STUDENT'S NAME: _____

COMPLETE MAILING ADDRESS (street, city, state & zip): _____

CURRENT CONTACT PHONE NUMBER: _____

SCHOOL ATTENDING: _____

ACADEMIC SEMESTER: _____

By signing this form, I certify that the following information to the best of my knowledge is accurate. I understand that purposely providing false information or misusing any funding may result in the termination of scholarship funding.

STUDENT'S SIGNATURE: _____

The student is requesting the following supports: (please check off all that apply and fill out all relevant information)

Room and Board

*(rent, stipend, meals) * Living assistance is supplemental; the student is ultimately responsible for paying for his or her living arrangements.*

****W-9 form must**

accompany all rental request forms, W-9 must be filled out by landlord or rental request

will not be honored! ALL RENT REQUESTS: MUST ATTACH A COPY OF STUDENT'S LEASE AGREEMENT**

Assistance for (check all that apply):

- Rent (landlord/bank)
- Stipend (stay with foster parent/adult)
- Meals

Room

Amount Per Month
\$ _____

Number of month's assistance needed? _____

Room

Vendor (who payment should be sent to)

Name _____

Vendor Address _____

Vendor Phone _____

Vendor SS# or Tax ID #: _____

Vendor phone _____

Vendor SS# or Tax ID #: _____

Board (Meals)

Amount Per Semester \$ _____

Number of month's assistance needed? _____

Vendor (who payment should be sent to)

- Shop Rite
- Pathmark
- A&P
- Publix
- Food Lion

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<u>Books / Supplies</u> <input type="checkbox"/> (textbooks or other supplies required for courses)	Total Cost of Books \$ _____ Total Cost of Supplies \$ _____	Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____	Vendor Phone _____ Vendor SS# or Tax ID # _____
<u>Transportation</u> <input type="checkbox"/> (public transportation only, parking fees) *Preferred Vendor: NJ Transit	Type of public transportation? Bus <input type="checkbox"/> Train <input type="checkbox"/> Parking Fees <input type="checkbox"/> Other <input type="checkbox"/> (Please explain) _____ _____	Amount Per Month (must be exact dollar amount or the payment will not be valid) \$ _____ Number of months assistance needed? _____ NJ Transit # of zones? _____ <i>*We cannot cut a check w/o this information.</i>	Vendor (who payment should be sent to) Name _____ Vendor Address _____ _____ Vendor Phone _____
<u>Computer</u> <input type="checkbox"/> (Desktop or Laptop) *All computer equipment is ordered through Dell. These are not available to students in their first semester with us.	Type of equipment? Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Printer <input type="checkbox"/> **Computers can only be purchased once while in the program, regardless of situation!!	Other computer equipment needed? If yes, please explain _____ _____ _____ _____ _____	Ship to address(* include address where computer should be sent, <u>cannot ship to a P.O. box</u>) _____ _____ _____ _____
<u>Child Care</u> <input type="checkbox"/> (child care provider must be a day care center or family day care home licensed through DYFS)	Amount Per Month \$ _____ Number of months assistance needed? _____	Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____ _____ _____	Vendor Phone _____ Vendor SS# or Tax ID # _____
<u>Equipment</u> <input type="checkbox"/> (class-specific supplies that are required or recommended for student's major field of study)	Description of special equipment needed: _____ _____ _____ Total Cost of Item(s) \$ _____	Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____ _____ _____	Vendor Phone _____ Vendor SS# or Tax ID # _____ ALL SPECIAL EQUIPMENT REQUESTS: MUST ATTACH PROOF THAT SUPPLIES ARE REQUIRED.
<u>Other Requests</u> <input type="checkbox"/> Misc. Funding will no longer be awarded without a specific use requested.	Description of other assistance needed: _____ _____ _____ Total Cost of Item(s) \$ _____ _____	Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____ _____ _____	Vendor Phone _____ Vendor SS# or Tax ID # _____ Additional information, if any _____ _____ _____