

## 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](http://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)**

<p><b><u>Room and Board</u></b>    <input type="checkbox"/></p> <p><i>(rent, stipend, meals) * Living assistance is supplemental; the student is ultimately responsible for paying for his or her living arrangements.</i></p> <p><b>**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</b></p>	<p>Assistance for (check all that apply):</p> <p><input type="checkbox"/> Rent (landlord/bank)</p> <p><input type="checkbox"/> Stipend (stay with foster parent/adult)</p> <p><input type="checkbox"/> Meals</p> <p><b><u>Room</u></b></p> <p>Amount Per Month \$ _____</p> <p>Number of month's assistance needed? _____</p>	<p><b><u>Landlord/Stipend Information</u></b></p> <p>Name _____</p> <p>Vendor Address _____</p> <p>Vendor Phone _____</p> <p>Vendor SS# or Tax ID #: _____</p> <p>Vendor phone _____</p> <p>Vendor SS# or Tax ID #: _____</p>	<p><b><u>Board (Meals)</u></b></p> <p>Amount Per Semester \$ _____ (Max of \$720 [this is \$45 for 16 weeks])</p> <p>*Amount is based on the date the request is received in our office.</p> <p>Vendor (who payment should be sent to) *If there is a vendor not on this list please let us know and we can try to set something up.</p> <p><input type="checkbox"/> <b>Shop Rite</b></p> <p><input type="checkbox"/> <b>Pathmark</b></p> <p><input type="checkbox"/> <b>A&amp;P</b></p> <p><input type="checkbox"/> <b>Publix</b></p> <p><input type="checkbox"/> <b>Food Lion</b></p>
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<p><u>Books / Supplies</u> <input type="checkbox"/> (textbooks or other supplies required for courses)</p>	<p>Total Cost of Books \$ _____</p> <p>Total Cost of Supplies \$ _____</p>	<p>Vendor (This should be your school unless Books are not available there) Name _____</p> <p>Vendor Address _____</p> <p>Vendor Phone _____</p>	
<p><u>Transportation</u> <input type="checkbox"/> (public transportation only, parking fees)</p> <p>*Preferred Vendor: NJ Transit</p>	<p>Type of public transportation? Bus <input type="checkbox"/> Train <input type="checkbox"/> Parking Fees <input type="checkbox"/> Other <input type="checkbox"/> (Please explain) _____ _____</p>	<p>Amount Per Month (<b>must be exact dollar amount or the payment will not be valid</b>) \$ _____</p> <p>Number of months assistance needed? _____</p> <p>NJ Transit # of zones? _____ <i>*We cannot cut a check w/o this information.</i></p>	<p>Vendor (who payment should be sent to) Name _____</p> <p>Vendor Address _____ _____</p> <p>Vendor Phone _____</p>
<p><u>Computer</u> <input type="checkbox"/> (Desktop or Laptop) *All computer equipment is ordered through Dell. <b>These are not available to students in their first semester with us.</b></p>	<p>Type of equipment? Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Printer <input type="checkbox"/> <b>**Computers can only be purchased once while in the program, regardless of situation!!</b></p>	<p>Other computer equipment needed? Microsoft Office Student Addition <input type="checkbox"/> McAfee Virus Protection <input type="checkbox"/> Other: (please explain ) _____ _____</p>	<p>Ship to address(* include address where computer should be sent, <u>cannot ship to a P.O. box</u>) _____ _____ _____</p>
<p><u>Child Care</u> <input type="checkbox"/> (child care provider must be a day care center or family day care home licensed through DYFS)</p>	<p>Amount Per Month \$ _____</p> <p>Number of months assistance needed? _____</p>	<p>Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____ _____ _____</p>	<p>Vendor Phone _____</p> <p>Vendor SS# or Tax ID # _____</p>
<p><u>Equipment</u> <input type="checkbox"/> (class-specific supplies that are required or recommended for student's major field of study)</p>	<p>Description of special equipment needed: _____ _____ _____ Total Cost of Item(s) \$ _____</p>	<p>Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____ _____ _____</p>	<p>Vendor Phone _____</p> <p><b>ALL SPECIAL EQUIPMENT REQUESTS: MUST ATTACH PROOF THAT SUPPLIES ARE REQUIRED.</b></p>
<p><u>Other Requests</u> <input type="checkbox"/> <b>Misc. Funding will no longer be awarded without a specific use requested.</b></p>	<p>Description of other assistance needed: _____ _____ _____ Total Cost of Item(s) \$ _____</p>	<p>Vendor (who payment should be sent to) Name _____ _____ Vendor Address _____ _____ _____</p>	<p>Vendor Phone _____</p> <p>Vendor SS# or Tax ID # _____</p> <p>Additional information, if any _____ _____ _____</p>