

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

Date Received _____
 Initials: _____
 For staff use only

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.fafsonline.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:

Student name:	Phone Number:		
Address:			
(street)	(City)	(State)	(Zip Code)
Academic Term:	School Attending:		

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: _____ DATE: _____

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

Off Campus Living Expenses

Rent	Food Cards									
<p><input type="checkbox"/> Yes, I need help with Rent and I have a Landlord and a lease!</p> <p>My share of the rent is \$_____ (we cannot pay for any roommates)</p> <p>I need help for: _____ months (up to 4) – Please see guide for other rules about rent requests</p> <p>Please write where the check should be sent:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In order to receive this assistance we need a copy of your signed lease and a W-9 (which is a tax form) to be completed by your landlord or property management group. Both must be turned in with your request.</p>	<p><input type="checkbox"/> Yes, I would like to be sent food cards.</p> <p>Please send them to the following address: (This may be different than above if you are living at school)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I would like to have \$_____ (\$45/week – Max. of \$720 for the 16 weeks of the semester – requests are subject to change based on the date your request is received by the office)</p> <p>Please select the store:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Shop Rite</td> <td><input type="checkbox"/> Giant Food</td> <td><input type="checkbox"/> Stop and Shop</td> </tr> <tr> <td><input type="checkbox"/> Pathmark</td> <td><input type="checkbox"/> Publix</td> <td><input type="checkbox"/> Martins</td> </tr> <tr> <td><input type="checkbox"/> A&P</td> <td><input type="checkbox"/> Food Lion</td> <td></td> </tr> </table>	<input type="checkbox"/> Shop Rite	<input type="checkbox"/> Giant Food	<input type="checkbox"/> Stop and Shop	<input type="checkbox"/> Pathmark	<input type="checkbox"/> Publix	<input type="checkbox"/> Martins	<input type="checkbox"/> A&P	<input type="checkbox"/> Food Lion	
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Stipend

I stay with a friend/foster parent/adult and would like to give them a stipend (These are subject to approval by DYFS)

I would like to give them \$_____ (\$85/week – Max of \$1,360 for 16 weeks of the semester – requests are subject to change based on the date your request is received by the office)

Name of Person: _____

Address to send check: _____

In order to receive this assistance we need a W-9 (which is a tax form) to be completed by the person you are staying with. It must be turned in with your request.

