



2017-2018 Academic Year

The NJFC Scholars Program provides funding for eligible youth who experienced time in a Child Protection & Permanency (CP&P) out-of-home placement, CP&P independent living arrangement or transitional living program, who are seeking a post-secondary degree at an accredited two-year or four-year college/university, or career/technical school.

This program is funded by State and Federal funds, each with its own eligibility criteria. The student's case history will determine the source of funding and services provided (see page 2).

Tuition Waiver Program (State funds): Eligible applicants will be limited to attending in-state public schools on a full-time basis, and their scholarship will only pay for remaining unpaid tuition and fees after federal and state grants have been applied to their student financial account.

Education and Training Voucher/State Option (Federal funds): Eligible applicants may receive a maximum of \$5,000 for the academic year to assist with a school balance and/or other educational supports.

A student's total award may not exceed the designated maximum Cost of Attendance at his or her post-secondary institution; therefore, funding may be limited accordingly.

ANNUAL APPLICATION DEADLINES:

Completed applications with all documents will be accepted until:

September 1, 2017 for the Fall and Spring Semesters

February 1, 2018 for the Spring Semester

FALL PRIORITY DEADLINE – JULY 1, 2017

Allow 3-5 weeks for completed applications to be processed.

MAIL, FAX, OR EMAIL COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTATION TO:

**Foster and Adoptive Family Services
Attention: Scholarship Department
PO Box 518, 4301 Route 1 South
Monmouth Junction, NJ 08852**

**Fax: 609.452.2635 or 609.520.1515
Phone: 609.520.1500 or 800.222.0047
scholarships@fafsonline.org**

Visit www.fafsonline.org/njfc-scholars-program-faq/ for frequently asked questions regarding the NJFC Scholars Program and the application process.

Visit www.fafsonline.org for more information on the NJFC Scholars Program and other FAFS services.

NJFC Scholars is made possible through:



ELIGIBILITY

New applicants must meet all of the following general requirements:

1. Be between the ages of 16 and 23
Only youth 21 or older who have been continuously enrolled in post-secondary education since their 21st birthday and meet a required case history eligibility below will be eligible for the Education Training Voucher (ETV).
2. Be in possession of a high school diploma or certificate of high school equivalency (GED) **High school seniors may apply before receiving their diploma, but scholarship award is contingent upon graduation.**
3. Have a working e-mail address. **New students will be emailed as part of the application process.**
4. All applicants attending a participating NJ school are strongly encouraged to submit an application to the Educational Opportunity Fund (EOF) program. **This would be obtained through the EOF office at the school you plan to attend.** Please visit http://www.state.nj.us/highereducation/EOF/EOF_programs.shtml for a list of schools with EOF programs.

In addition, all applicants must meet at least ONE of the following case history requirements:

Out-of-Home Placements	Adoption
<ul style="list-style-type: none"> • Are or were you in the care and custody of CP&P, in an out-of-home placement, for a total of 9 months or more after your 16th birthday? <i>If yes, both Federal Education Training Voucher and State Tuition Waiver eligible.</i> 	<ul style="list-style-type: none"> • Were you adopted through the New Jersey CP&P after your 12th birthday? <i>If yes, Federal Education Training Voucher/State Option eligible.</i>
<ul style="list-style-type: none"> • Are or were you in the care and custody of CP&P, in an out-of-home placement for a total of 18 months or more after your 14th birthday? <i>If yes, Federal Education Training Voucher eligible.</i> 	<p>Kinship Legal Guardianship (KLG)*</p>
<ul style="list-style-type: none"> • Do you reside in, or have you resided in, a Transitional Living Program for youth or independent living arrangement approved by CP&P? <i>If yes, State Tuition Waiver eligible <u>only</u>.</i> <p><i>The facility or program must receive payment pursuant to the New Jersey Homeless Youth Act or the Federal Runaway and Homeless Youth Act. State Tuition Waiver funding is limited to unpaid tuition and fees after grants and scholarships have been applied (does not include room and board) for full-time enrollment at a NJ public institution.</i></p>	<ul style="list-style-type: none"> • Did you leave an out-of-home paid placement through the New Jersey CP&P to enter Kinship Legal Guardianship after your 16th birthday? <i>If yes, Federal Education Training Voucher eligible.</i> <p>* KLG occurs when the court grants the caregiver legal responsibility for the youth, and the caregiver has the rights of care, custody and supervision of the youth. Youth entering KLG solely through the court system <u>without</u> CP&P placement do <u>NOT</u> qualify.</p>

DOCUMENTATION

The following items **MUST BE INCLUDED** with your application in order for it to be considered complete.

Please double check your packet before submitting!

Remember: Incomplete packets **will not** be reviewed for approval.

New applicants: ITEMS 1-8 ARE REQUIRED DOCUMENTATION

Re-applicants: ONLY SUBMIT SHADED AREAS (ITEMS 1-4)

1. NJFC application and waiver pages - All questions must be answered. Signatures and dates are required for the application, Post-Secondary Institution Waiver of Consent, Release of Information and Independent Verification.
2. Proof of completed and submitted Free Application for Federal Student Aid (FAFSA). Please visit www.fafsa.ed.gov for more information.
3. If previously enrolled in college/technical school, your most recent college/technical transcript showing all grades received while enrolled. It does not need to be an official transcript. *NOTE: For re-applying students, this may mean you have to wait until Spring grades have posted to send in your transcript.
4. Proof of acceptance (or current enrollment statement/schedule) from the post-secondary institution you are planning to attend or are currently attending. Institution must be accredited to receive Title IV funding (Federal Financial Aid). *NOTE: For re-applying students, if you are transferring to a new school you must provide proof of the number of credits you are transferring to your new school. If you are not bringing any credits with you, please provide a letter stating the reason(s).
5. Email verification - New applicants will be emailed by a scholarship representative to verify their email address. You are required to reply to this email as part of the application process. You may also email scholarships@fafsonline.org with your full name as printed on your application to verify your email address.
6. Letter of recommendation from an adult who knows you well.
7. A statement of a goal or goals you hope to accomplish by attending school and participating in the New Jersey Foster Care Scholars Program. These may be listed or put in a sentence/paragraph form.
8. If applicable, a letter from the Transitional Living Program or supportive housing detailing dates of residence.

NEW JERSEY FOSTER CARE SCHOLARS PROGRAM APPLICATION 2017-2018

All Students must complete all of the information in order to have a complete application. Incomplete applications will not be processed.

I am a: **New Applicant** **Re-Applicant** (Please check one)

1. Applicant Information

Legal Name: (Last, First, MI – Include Birth Name If Applicable)		Age	Birth Date: (MM/DD/YYYY) / /	Last 4 digits of Social Security #: XXX-XX-	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		Apt #:	City	State	Zip Code
County (if NJ resident):	Email Address:			Phone Number (Cell preferred): Texting allowed? <input type="checkbox"/>	
		() -		() -	
Name of a person who we can contact to reach you:		Phone Number:		Relationship:	
		() -		<input type="checkbox"/> Case Manager <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Resource Parent <input type="checkbox"/> Residential Program Staff <input type="checkbox"/> Other _____	

2. Eligibility Information

Do you currently have an open case with CP&P (formerly DYFS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the sum of your personal assets (i.e. Bank Account, Car, Home, Etc.) greater than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of High School Diploma or High School Equivalency Received/Expected (MM/YYYY) ____/____/____ High School Name: _____ OR Equivalency Program: _____ High School Town, State _____ Program Town, State: _____
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3. Statistical Information

Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino Ethnicity <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Declined	How did you first find out about the NJFC Scholars Program? (Please Pick One) <input type="checkbox"/> High School <input type="checkbox"/> College Rep. <input type="checkbox"/> CP&P Case Manager <input type="checkbox"/> Mail <input type="checkbox"/> FAFS Referral <input type="checkbox"/> Web <input type="checkbox"/> Resource Parent <input type="checkbox"/> Media Source <input type="checkbox"/> Independent Living Program <input type="checkbox"/> Transitional Living Program <input type="checkbox"/> Presentation <input type="checkbox"/> Other (Please Explain): _____	Did you apply to the Educational Opportunity Fund (EOF)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EOF not offered at my Post-Secondary Institution If yes, are you: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Pending Current Employment Status: <input type="checkbox"/> Employed _____ hours per week <input type="checkbox"/> Unemployed
While attending school, will you be living: <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-campus	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check how you are insured. If no, visit www.healthcare.gov . <input type="checkbox"/> Medicaid/MEYA <input type="checkbox"/> School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Did you attend a NJFC Scholars Program outreach event sponsored by FAFS to receive or complete this application? <input type="checkbox"/> Yes (If so, when? MM/YY ____/____) <input type="checkbox"/> No

4. School Information

Name of college or institute you are planning to attend during the academic year for this application:	Student I.D. # (If you have one)
School Address:	I attend or plan to attend: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
I am currently seeking a: <input type="checkbox"/> Voc. Training/Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> BA / BS Anticipated Year of College Graduation/Program Completion: _____	I will be a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> N/A – Career/Technical Program

5. Terms and Usage Agreement

I acknowledge that by completing this application I am applying for two scholarship programs – The Federal Education and Training Voucher Program and the State Tuition Waiver Program. My individual eligibility will be based on my CP&P case history.

I, the undersigned, do HEREBY CERTIFY that I am in need of financial assistance to continue my education. I affirm that I have fully read and have fully completed the NJFC Scholars Program application. I, the undersigned, do HEREBY DECLARE under the penalty of the laws of the State of New Jersey and the United States that this application has been examined by me and to the best of my knowledge is true and correct.

I understand that, if I qualify for the NJFC Scholars Program, the amount awarded may vary depending upon my individual demonstrated need and other eligibility criteria, and is for one academic year. **I understand that any misuse of funding, failure to maintain a 2.0 GPA or failure to comply with my institution's academic policy may result in termination of funding.**

I agree to let the NJFC Scholars Program use my essay/goal list in part or in whole in any future publications. I understand my whole name will not be used.

Signature of Applicant: X _____	Print Name: _____	Today's Date: ____/____/____
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** If texting is marked as allowed, the student is opting in to receive text messages. Standard messaging and data rates may apply.*

2017-2018 NJFC SCHOLARS PROGRAM WAIVERS

Please complete and sign all waivers and mail or fax the entire page back with your application packet.

POST-SECONDARY INSTITUTION WAIVER OF CONSENT – REQUIRED

Due to state and federal regulations, no personal information about your financial or academic progress can be released by the post-secondary institution you attend without your expressed written consent. In order to process your award and offer support services, Foster and Adoptive Family Services staff will need access to your academic and financial aid records.

Student's Name: (print legal/full name)

College Attending:

Student I.D.# :

Last 4 digits of Social Security #: XXX-XX- _____

Birth Date: / /

Student's Address:

Apartment #:

City:

State:

Zip Code:

Student's Email:

Student's Telephone Number: () -

By signing below, I hereby give permission to Foster and Adoptive Family Services, or their designated appointee, to access my financial and academic records at the school named above. I understand that information will be received and disclosed by Foster and Adoptive Family Services and my Post-Secondary Institution for the purpose of determining financial need and eligibility.

X _____

_____/_____/_____
Today's Date – required

Student's Signature – required

Today's Date – required

RELEASE OF INFORMATION – REQUIRED

I, _____ (print name here) hereby permit the following entities to receive and disclose relevant information on an on-going basis to provide effective and coordinated services to me while I am a NJFC Scholar:

- Foster and Adoptive Family Services (FAFS)
- Department of Children and Families (DCF) /Division of Child Protection & Permanency (CP&P)
- Higher Education Student Assistance Authority (HESAA) staff
- New Jersey Office of the Secretary of Higher Education
- Educational Opportunity Fund (EOF)
- Other agency or entity not included in the above list (if none, leave blank, but still sign and date waiver):

1. **Agency Name:** _____ Staff member name: _____

Agency Address: _____ Staff member email: _____

Agency Phone #: _____

2. **Agency Name:** _____ Staff member name: _____

Agency Address: _____ Staff member email: _____

Agency Phone #: _____

X _____

_____/_____/_____
Today's Date – required

Student's Signature – required

Today's Date – required

INDEPENDENT STATUS: VERIFICATION – REQUIRED

I, _____ (print name here) hereby permit the Office of Adolescent Services, in partnership with Foster and Adoptive Family Services, to verify my status as an independent student, and to provide documentation on my behalf to the following agencies:

- Higher Education Student Assistance Authority
- Representatives of my post-secondary institution listed above, as requested

X _____

_____/_____/_____
Today's Date – required

Student's Signature – required

Today's Date – required

**Did you gather all of your required documentation for your application?
See page 2 of this application packet for more information.**



**Mail or fax completed applications and all required documentation to:
Foster and Adoptive Family Services, Attention: Scholarship Department
P.O. Box 518, 4301 Route 1 South, Monmouth Junction, NJ 08852
Fax: 609.452.2635 or 609.520.1515**

If you have any questions or concerns, please call 800.222.0047 to speak to a scholarship representative.