2016-2017 Academic Year

The NJFC Scholars Program provides funding for eligible youth who experienced a Child Protection & Permanency (CP&P) out-of-home placement, CP&P independent living arrangement or transitional living program and are seeking a post-secondary degree at an accredited two-year or four-year college, university, or career/technical school. Youth may be eligible to receive assistance with tuition and fees, room and board, books, supplies, transportation, computers, special equipment, child care costs, and more!

The NJFC Scholars 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 the scholarship will provide. Some applicants will be limited to attending in-state public schools on a full-time basis, and their scholarship will only pay for tuition and fees (Tuition Waiver Program), while other applicants will be eligible for (not guaranteed) a maximum of $5,000 for the academic year (Education and Training Voucher/State Option). Funding may be limited as a student's total award may not exceed the designated maximum cost of attendance at his or her post-secondary institution.

ANNUAL APPLICATION DEADLINES:

Completed applications with all documents will be accepted until:

September 1, 2016 for the Fall and Spring Semesters
February 1, 2017 for the Spring Semester

FALL PRIORITY DEADLINE – JULY 1, 2016

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

MAIL OR FAX 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

Electronic applications can be submitted to scholarships@fafsonline.org

Please visit www.fafsonline.org for more information on the NJFC Scholars Program or visit http://bit.ly/1iDyQM for FAQ regarding the NJFC Scholars Program and the application process.

NJFC Scholars is made possible through:
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 www.state.nj.us/highereducation/EOF/EOF_programs.htm for a list of schools with EOF programs.

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

<table>
<thead>
<tr>
<th>Out-of-Home Placements</th>
<th>Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are or were you in the care and custody of CP&amp;P (formerly DYFS), in an out-of-home placement, for a total of 9 months or more after your 16th birthday? If yes, both Federal Education Training Voucher and State Tuition Waiver eligible.</td>
<td>Were you adopted through the New Jersey CP&amp;P (formerly DYFS) after your 12th birthday? If yes, Federal Education Training Voucher/State Option eligible.</td>
</tr>
<tr>
<td>Are or were you in the care and custody of CP&amp;P (formerly DYFS), in an out-of-home placement for a total of 18 months or more after your 14th birthday? If yes, Federal Education Training Voucher eligible.</td>
<td>Kinship Legal Guardianship (KLG)*</td>
</tr>
<tr>
<td>Do you reside in, or have you resided in, a Transitional Living Program for youth or independent living arrangement approved by CP&amp;P? If yes, State Tuition Waiver eligible only.</td>
<td>* Did you leave an out-of-home paid placement through the New Jersey CP&amp;P (formerly DYFS) to enter Kinship Legal Guardianship after your 16th birthday? If yes, Federal Education Training Voucher eligible.</td>
</tr>
</tbody>
</table>

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 tuition and fees (does not include room and board) for full-time enrollment at a NJ public institution.

**ELIGIBILITY 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 on the application page, Post-Secondary Institution Waiver of Consent and Release of 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 to verify your email address.


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 length of residence.
NEW JERSEY FOSTER CARE SCHOLARS PROGRAM APPLICATION
2016-2017

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

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

Do you currently have an open case with CP&P (formerly DYFS)? □ Yes □ No

Is the sum or your personal assets (i.e. Bank Account, Car, Home, Etc.) greater than $10,000? □ Yes □ 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: ____________________________

2. Eligibility Information

Race:
□ American Indian or Alaskan Native
□ White
□ Black or African American
□ Asian
□ Hispanic or Latino Ethnicity
□ Native Hawaiian or Other Pacific Islander
□ Unknown/Unable to Determine
□ Declined

Date you attended a NJFC Scholars Program outreach event sponsored by FAFS to receive or complete this application?

Did you apply to the Educational Opportunity Fund (EOF)? □ Yes □ No □ EOF not offered at my Post-Secondary Institution

If yes, are you: □ Accepted □ Declined □ Pending

Current Employment Status:
□ Employed ________ hours per week
□ Unemployed

While attending school, will you be living:
□ On-Campus □ Off-campus

Do you have health insurance? □ Yes □ No
If yes, please check how you are insured. If no, visit www.healthcare.gov.

□ Medicaid/MEYA □ School □ Parent/Guardian □ Other: ____________

Did you apply to the Educational Opportunity Fund (EOF)? □ Yes □ No □ EOF not offered at my Post-Secondary Institution

If yes, are you: □ Accepted □ Declined □ Pending

Current Employment Status:
□ Employed ________ hours per week
□ Unemployed

3. Statistical Information

How did you first find out about the NJFC Scholars Program? (Please Pick One)
□ High School □ College Rep.
□ CP&P Case Manager □ Mail
□ FAFS Referral □ Web
□ Resource Parent □ Media Source
□ Independent Living Program □ Transitional Living Program
□ Presentation □ Other (Please Explain): ____________

While attending school, will you be living:
□ On-Campus □ Off-campus

Do you have health insurance? □ Yes □ No
If yes, please check how you are insured. If no, visit www.healthcare.gov.

□ Medicaid/MEYA □ School □ Parent/Guardian □ Other: ____________

Did you attend a NJFC Scholars Program outreach event sponsored by FAFS to receive or complete this application?

□ Yes (If so, when? MM/YY __/____) □ No

4. School Information

Name of college or institute you are planning to attend or are currently attending:

School Address:

I attend or plan to attend: □ Full-time □ Part-time

I am currently seeking a: □ Voc. Training/Certificate □ Associate’s Degree □ BA / BS

Anticipated Year of College Graduation/Program Completion: ____________

I will be a: □ Freshman □ Sophomore □ Junior
□ Senior □ 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 (formerly DYFS) 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: ____________________________

Print Name: ____________________________

Date: __/__/____

*If texting is marked as allowed, the student is opting in to receive text messages. Standard messaging and data rates may apply.

Page 3 of 4

Revised 11/15
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, New Jersey Foster Care Scholars Program staff and Rutgers Project MYSELF staff*, respectively, will need access to your academic and financial aid records.

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

Last 4 digits of Social Security #: XXXX-XX-_________ Telephone Number: (  )

Address: Apartment #:

City: State: Zip Code:

Email: Student I.D.# : Birth Date: / /

College Attending: College Phone Number:

By signing below, I hereby give permission to Foster and Adoptive Family Services, Rutgers Transitions For Youth, 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, Rutgers Transitions For Youth, and my Post-Secondary Institution for the purpose of determining financial need and eligibility in conjunction with the New Jersey Foster Care Scholars Program.

X ___________________________  /  /  

Student's Signature – required Date – required

I, __________________________________________ hereby permit the following entities to receive and disclose relevant information on an on-going basis for the purpose of providing effective and coordinated services to me while I am a participant in the NJFC Scholars Program:

• Foster and Adoptive Family Services (FAFS)
• Department of Children and Families (DCF) /Division of Child Protection & Permanency (CP&P)
• Transitions for Youth Project MYSELF staff*
• Higher Education Student Assistance Authority (HESAA) staff
• Educational Opportunity Fund
• If applicable - Other Agency or Educational Entity (Optional):

Agency Name: __________________Agency Phone #: __________________

Agency Name: __________________Agency Phone #: __________________

X ___________________________  /  /  

Student’s Signature – required Date – required

* Through a partnership with DCF and the Institute for Families, Transitions for Youth/Project MYSELF offered through the Rutgers School of Social Work provides supportive coaching and mentoring to all NJFC Scholars. All Scholars are automatically enrolled in Project MYSELF and are expected to participate in the program. Project MYSELF strives to provide connection with ongoing academic and community resources and support towards the achievement of academic success.

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

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

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

Revised 11/15