

DCF Scholarship Application for Youth in Out-of-Home Care

NOTE: Instructions for completing application are on page 1. Page 2 is the actual application.

Use of form: The Department of Children and Families (DCF) Scholarship Program awards scholarship funds for youth who have been in out-of-home care and are entering a degree, license or certificate program. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personally identifiable information collected on this form will be used for school payment purposes only.

Eligibility Requirements

To qualify for a DCF Scholarship award, the applicant must:

- Have been in out-of-home care (OHC) placement (foster home, group home, residential care center or court ordered Kinship Care) for at least six months after the age of 15 and left OHC at age 18.
- Have been in OHC for at least six months and adopted after the age of 16.
- Have been in OHC placement in Wisconsin as described above, or
- Be accepted into a postsecondary institution (i.e., college, vocational or technical program) at the time the application is submitted.
- Have been in OHC placement in another state but has become a resident of Wisconsin prior to attending a Wisconsin postsecondary institution.
- Be age 20 or less, unless enrolled in a post-secondary program on his / her 21st birthday, extending eligibility to age 23.

Scholarships may be awarded up to the cost of attendance and may not exceed \$5,000. Funds for all scholarships **will be paid directly to the institution for the exact amount of the tuition, fees and books**. Funds may not be used for outreach, enrichment, special student programs or any other program participation costs. Unused funds will be returned to the DCF.

Instructions: This form must be fully completed for scholarship consideration. Incomplete forms will be returned to the youth. A new form must be completed for each award requested. The following documents are required:

- A fully completed DCF application form, and
- For first time applicants, a copy of the acceptance letter from the institution of higher education, or
- For applicants previously receiving this scholarship award, proof of successful completion of the prior semester. Applicants must include a copy of grades and / or college credits earned during the period in which this scholarship was received.
- For applicants over 21 years old, proof that you were attending college and participating in the scholarship program when you turned 21.

Send completed application to:

Foster care youth from Milwaukee County

Mary L. Kennedy, Program Coordinator
Bureau of Milwaukee Child Welfare
1555 N. Rivercenter Drive, Suite 220
Milwaukee, WI 53212
Telephone Number: (414) 220-7035
E-mail: mary.kennedy@wisconsin.gov
Fax Number: (414) 220-7062

Foster care youth from counties and tribes outside of Milwaukee County

Christine Lenske, Independent Living Coordinator
Department of Children and Families
P.O. Box 8916
Madison, WI 53708-8916
Telephone Number: (608) 267-7287
E-mail: christine.lenske@wisconsin.gov
Fax Number: (608) 264-6750

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Name – Applicant (Last, First, MI)	Social Security Number	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Current Mailing Address (Street, City, State, Zip Code)	Telephone Number
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Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other
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Last Grade Completed	Date of Completion (mm/dd/yyyy)
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Name – Last School Attended	Location of Last School Attended (City, State)
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SEND SCHOLARSHIP AWARD TO:

Name – College or Technical / Vocational School	Telephone Number – Business Office
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Business Office Mailing Address (Street, City, State, Zip Code)

Date of Enrollment	Major Field / Training Area	Scholarship Amount Requested \$
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Indicate the Time Period of the Scholarship (Choose one) <input type="checkbox"/> Entire school year <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Other: From: _____ To: _____ (mm/dd/yyyy) (mm/dd/yyyy)	College or Technical / Vocational School Costs for Semester / Period Tuition and Fees: \$ _____ Books: \$ _____ Total Cost: \$ _____
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Other Financial Resources Applied for or Receiving (Check all that apply) <input type="checkbox"/> Financial Aid \$ _____ <input type="checkbox"/> Grants \$ _____ <input type="checkbox"/> Work Study \$ _____ <input type="checkbox"/> Loans \$ _____ <input type="checkbox"/> Trust Fund / Savings \$ _____ <input type="checkbox"/> Family Support \$ _____

Additional funding for costs associated with postsecondary education or training may be available through your local Department of Human or Social Services. For more information, contact the Independent Living Coordinator in your county or tribe.

County of Most Recent Out-of-Home Care Placement	Name – County Social Worker or Independent Living Coordinator
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Total Number of Years / Months in Out-of-Home Care After the Age of 15	Date Exited Out-of-Home Care (mm/dd/yyyy)
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Name – Person Assisting with Application (if applicable)	Telephone Number
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Yes No I understand that continued eligibility for the DCF Scholarship Program is dependent upon satisfactory performance. I also understand that I may be required to submit proof of performance for subsequent applications and awards.

Yes No I agree that the Department of Children and Families may use my name in publicity efforts. (If applicant does not agree, this will not effect applicant's eligibility for this scholarship.)

SIGNATURE – Applicant	Date Signed (mm/dd/yyyy)
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This scholarship program is made available through the Federal Chafee Foster Care Independence Program, Education and Training Vouchers Program. Scholarships are awarded by the State of Wisconsin Department of Children and Families.