

Connecticut Department of Children and Families
APPLICATION FOR FINANCIAL ASSISTANCE FOR POST SECONDARY EDUCATION

DCF-632
 8/19 (Rev.)



I. APPLICANT INFORMATION																																					
<input type="checkbox"/> Adoption (12 Month Budget)	Case Name:		Case ID # / SPM #:	Date:																																	
<input type="checkbox"/> Commitment PSE (8 Month Budget)																																					
Applicant LAST Name		Applicant FIRST Name		DOB:	Age:																																
Cell Phone #:	Alternate Phone #:	E-mail:		Gender:																																	
Address (No. and Street)		Apt. #:	City:	State:	Zip:																																
II. HIGH SCHOOL INFORMATION																																					
Name of High School:			Date of HS Graduation:	HS GPA:																																	
<input type="checkbox"/> GED Program <input type="checkbox"/> Adult Ed. Program <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational/Tech Program																																					
Post-Secondary Educational Goals (This section is for Adopted youth only, if necessary):																																					
III. POST-SECONDARY INFORMATION																																					
Name of School / College:			<input type="checkbox"/> Voc./Tech.	Semester: <input type="checkbox"/> Annual																																	
			<input type="checkbox"/> College/University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring																																	
Address of School (No. and Street)			City:	State:	Zip:																																
Length of Program: <input type="checkbox"/> 2 years <input type="checkbox"/> 4 Years			Academic Year for which Financial Assistance is requested:																																		
<input type="checkbox"/> Other (explain):																																					
Applicant has maintained a minimum 2.0 GPA in previous semester / year: <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, explain:																																					
<input type="checkbox"/> Include the FAFSA award letter with this application packet		<input type="checkbox"/> Senior Year High School Transcript (Needed for the First/Initial Application Only)																																			
<input type="checkbox"/> Breakdown of Costs (Tuition Statement)		<input type="checkbox"/> Acceptance letter (First Year/Initial Only)		<input type="checkbox"/> Any other grants / scholarship award letters																																	
IV. BUDGET Cost of Education [attached documentation from school]: <input type="checkbox"/> First Year Application (Initial) <input type="checkbox"/> Returning <input type="checkbox"/> Transferring to new program																																					
Housing Type: <input type="checkbox"/> On Campus <input type="checkbox"/> Apartment/Boarding <input type="checkbox"/> Foster Care <input type="checkbox"/> TFC / Congregate / SWET (this selection is only eligible for tuition)																																					
This section is available for notes or comments, if necessary:			<div style="text-align: center; color: red; font-weight: bold;"> IF YOUTH IS COMMITTED – COMPLETE THE BUDGET BELOW: <i>(If Youth Is Adopted – See Next Page)</i> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CT State University Allotted Budget</td> <td style="width: 40%; text-align: right;">_____</td> </tr> <tr> <td>Housing Costs (8 months)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Stipend (SPM ONLY- 8 Months)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Total Available for Tuition</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Cost of Attendance</td> <td style="text-align: right;">Tuition _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Fees _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Healthcare (only if out-of-state) _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Miscellaneous (books and supplies) _____</td> </tr> <tr> <td></td> <td style="text-align: right;">GRAND TOTAL COST _____</td> </tr> <tr> <td>Grants / Scholarships & Loans</td> <td style="text-align: right;">FAFSA Grants _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Scholarships _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Other _____</td> </tr> <tr> <td></td> <td style="text-align: right;">DCF Available balance toward tuition _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Loans (Youth responsibility, if needed) _____</td> </tr> <tr> <td></td> <td style="text-align: right;">REMAINING BALANCE _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Youth Contribution _____</td> </tr> </table>			CT State University Allotted Budget	_____	Housing Costs (8 months)	_____	Stipend (SPM ONLY- 8 Months)	_____	Total Available for Tuition	_____	Cost of Attendance	Tuition _____		Fees _____		Healthcare (only if out-of-state) _____		Miscellaneous (books and supplies) _____		GRAND TOTAL COST _____	Grants / Scholarships & Loans	FAFSA Grants _____		Scholarships _____		Other _____		DCF Available balance toward tuition _____		Loans (Youth responsibility, if needed) _____		REMAINING BALANCE _____		Youth Contribution _____
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This section is available for notes or comments, if necessary:	<p style="text-align: center; color: red; margin: 0;">IF YOUTH IS ADOPTED – COMPLETE THE BUDGET BELOW:</p> <p style="text-align: right; margin: 0;">Tuition _____</p> <p style="text-align: right; margin: 0;">Fees _____</p> <p style="text-align: right; margin: 0;">Room (on-campus only) _____</p> <p style="text-align: right; margin: 0;">Board (on-campus only) _____</p> <p style="text-align: right; margin: 0;">Expense _____</p> <p style="text-align: right; margin: 0;">Subtotal _____</p> <p style="text-align: right; margin: 0;">LESS Youth Contribution _____</p> <p style="text-align: right; margin: 0;">LESS Grants (estimate from Financial Aid Office) _____</p> <p style="text-align: right; margin: 0;">LESS Scholarships (estimate from Financial Aid Office) _____</p> <p style="text-align: right; margin: 0;">Deductions Subtotal _____</p> <p style="text-align: right; margin: 0;">TOTAL Required from DCF _____</p> <p style="text-align: right; margin: 0;">Payment due by _____</p>
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V. APPROVALS AND SIGNATURES

I attest, to the best of my knowledge, that the above information is true and accurate.

Applicant/Youth LAST Name:	Applicant/Youth FIRST Name:	Applicant/Youth Signature:	Date:
(If Applicable):Adoptive Parent LAST Name:	Adoptive Parent FIRST Name:	Adoptive Parent Signature:	Date:
SW LAST Name:	SW FIRST Name:	SW Signature:	Date:
SWS LAST Name:	SWS FIRST Name:	SWS Signature:	Date:
PS LAST Name:	PS FIRST Name:	PS Signature:	Date:
PD LAST Name (SPM only)	PD FIRST Name (SPM only)	PD Signature (SPM only)	Date:
OD LAST NAME: (SPM only)	OD FIRST NAME: (SPM only)	Office Director Signature (SPM only)	Date:

FOR ADOPTEES: Return this form by June 30th to: Subsidy Unit, 505 Hudson Street, Hartford, CT 06106, Attn: Paul Gressly

FOR SPM / COMMITTED YOUTH: One copy is for the record; one copy is to be sent to CWA, in conjunction with a FAFSA Award Letter