

Connecticut Department of Children and Families
STATEMENT OF FINANCIAL ASSISTANCE FOR POST-SECONDARY EDUCATION
DCF-633
8/19 (Rev.)



Date:

Name:

Address (No. and Street)

City

State

Zip

(Youth Name):

DOB:

Re:

Dear:

This is to inform you that you have been approved to receive services from the Department of Children and Families while you remain eligible, pursuant to DCF Policy 28-1, "Adolescent Services."

(Enter name of School):

At this time, the Department of Children and Families has approved payment to :

(Enter school year):

for tuition and fees for the school year up to the Connecticut State University "Cost of Attendance" rate for the current State Fiscal Year. Any remaining balance will be your responsibility. Please provide a bill as well as your financial aid award letter for the (Fall / Spring) semester to me as soon as possible so it can be processed for payment.

Please note that you must remain a full time student in good academic standing for continued eligibility of educational services. As part of maintaining eligibility, you are required to submit a copy of your current semester/trimester/quarter grades/transcript within 30 days after the semester/trimester/quarter ends. You must contact me at once regarding any change in your educational status.

(Enter Phone Number):

(Enter E-mail Address):

If you have any questions please contact me at

My e-mail address is:

Sincerely,

SW Name:

SW Title:

Department of Children and Families