

APPLICATION AND AGREEMENT FOR COLLEGE ASSISTANCE OR POST SECONDARY EDUCATION

DCF-3-2-1F

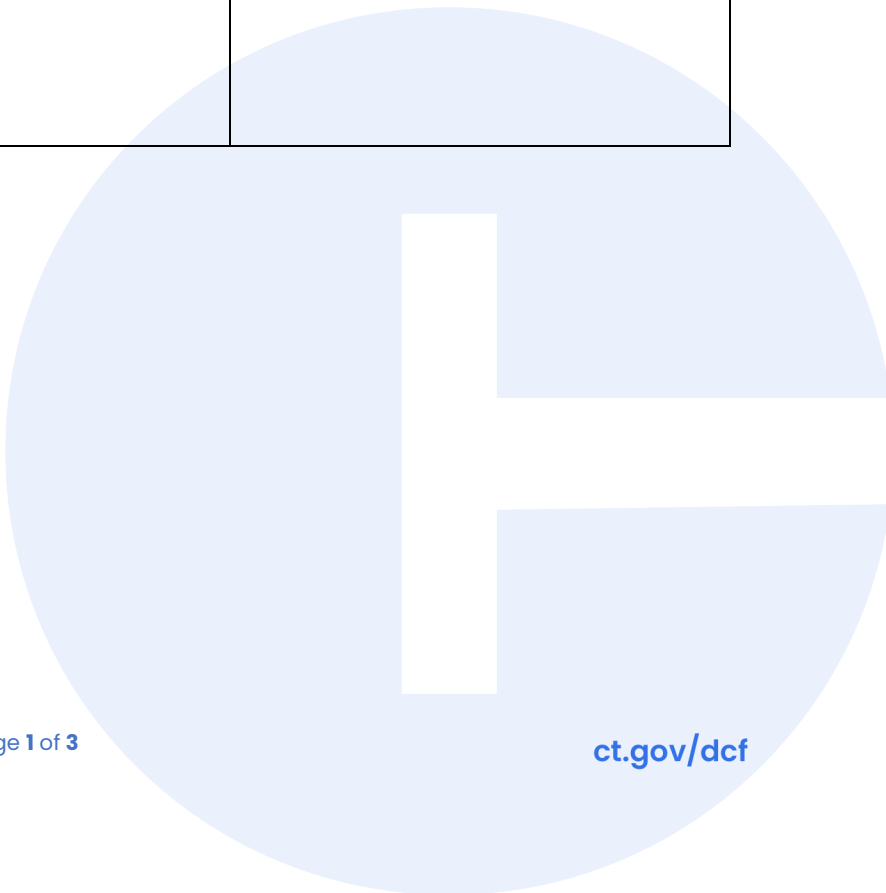
(Rev. 10/2024)

Applicant Information

Applicant LAST Name		Applicant FIRST Name		<input type="checkbox"/> First Year <input type="checkbox"/> Returning <input type="checkbox"/> Transfer to new program	
Date of Birth	Age	Gender		Race	
Ethnicity	Home Phone	Cell Phone	Email		
Address		City	State	Zip	
Adoptive/Foster Parent Name	Adoptive/Foster Parent Phone	Adoptive/Foster Parent Email			

High School Information

Name of High School	Date of High School Graduation	High School GPA
Type of program: High School Diploma GED Program Adult Ed Vocational/Technical	IEP Status: Yes No	Post-Secondary Educational Goals:



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Post-Secondary Information

Name of School/College	Type of Program: <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Community College <input type="checkbox"/> College/University	Academic Year for which financial assistance is requested: Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Annual	Length of Program <input type="checkbox"/> 2 years <input type="checkbox"/> 4 years <input type="checkbox"/> Other (explain)	
Student ID #				
Address of School (No. and Street)		City	State	Zip
(For returning students) Applicant has maintained a minimum of 2.0 GPA in previous semester with 12 credits <i>(Full Time Status)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, explain including use of student support services:		

Attach The Following Documents

FAFSA Award letter/submission receipt	Senior Year High School Transcript (new applicants only)	Acceptance letter (new applicants only)	Breakdown of Costs (Tuition Statement)	Any other grants/scholarship award letters
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Budget/Cost of Education

Housing Type: <input type="checkbox"/> On Campus <input type="checkbox"/> Apartment <input type="checkbox"/> Home	Tuition Fees: Room (on-campus only): Board (on-campus only): <u>Expense Subtotal:</u> Less Grants/Scholarships: <u>Deductions Total:</u> Total DCF Benefit: Loans (Student's responsibility):
Payment due by:	

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Student Agreement

I, _____, understand and agree that:

1. I must apply to appropriate grants and scholarships
2. The total annual amount of benefit does not exceed the CCSU rate for students whose adoption was finalized after July 1, 2020 or UCONN rate for whose adoption was finalized between January 1, 2005 through June 30, 2020.
3. I will notify DCF immediately upon any change to enrollment status (drop below full-time or withdraw)
4. I will notify DCF immediately of changes in FAFSA eligibility
5. I will notify DCF and the academic institution immediately of concerns impacting academic success
6. I will participate with the student supports services
7. I will attend full time (at least 12 credits per semester at accredited college)
8. I will attend full time as required by the vocational/technical program
9. I will maintain a 2.0 minimum grade point average (GPA) per semester/ or term (not cumulative)
10. I will submit to the DCF coordinator grades each semester, proof of enrollment, FAFSA annually
11. If applicable, I will submit housing and meal expenses if living off campus, including copy of signed lease agreement.
12. I will sign the Family Educational Rights and Privacy Act (FERPA) release, which releases educational records to the department
13. That DCF will share academic status with adoptive parents upon request
14. Submit documentation re; barriers to academic success (psychological/medical)

Adoptive parent agrees to:

1. Notify the Department of any change to the students' academic program.
2. Support the student in any way possible

DCF will:

1. Issue payments directly to the academic institution based on its schedule
2. Issue payments to student for off-campus housing if applicable
3. assist with referrals for support services
4. issue a probation letter to student (warning) if eligibility is not met after one semester
5. issue discontinuance of college benefit if eligibility is not met after 2 consecutive semesters

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/Foster Parent LAST Name:	Adoptive/Foster Parent FIRST Name:	Adoptive/Foster Parent Signature:	Date:
CAPS Staff LAST Name:	CAPS Staff FIRST Name:	CAPS Staff Signature:	Date:

Return this form and attachments to: DCFCAPS-SUBSIDY@ct.gov

Or mail to DCF Subsidy Unit, College Assistance for Post-Secondary Education, 505 Hudson St., Hartford, CT 06106