

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

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

Use of form: The Department of Children and Families (DCF) Scholarship Program awards scholarship funds to youth who have been in out-of-home care and are entering/enrolled in a degree, license, or certificate program. Provision of your social security number (SSN) on the form is voluntary. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Eligibility Requirements:

To qualify for a DCF Scholarship award, the applicant must be age 22 or less and meet the following criteria:

1. Exited court-ordered (Ch. 48 or 938) out-of-home care (OHC) placement (kinship, foster home, group home or residential care center):
 - a. at age 18 or older; or
 - b. through court-ordered Ch. 48 guardianship after attaining the age of 16; or
 - c. through adoption any time after attaining the age of 16; or
 - d. in another state at age 18 and became a permanent resident of Wisconsin prior to attending a Wisconsin postsecondary institution.
2. Has been accepted into an accredited postsecondary institution (e.g. college, vocational, or technical program) at the time the application is submitted. This institution may be in Wisconsin or another state.

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**. Funds may not be used for outreach, enrichment, special student programs, or any other program participation costs. Unused funds will be returned to DCF.

Instructions:

This form must be fully completed for scholarship consideration. A new form must be completed for each award requested. In addition, **one of the following documents must accompany the application:**

- For first time applicants, a copy of the acceptance letter or course registration from the institution of higher education.
- For applicants previously receiving this scholarship award, proof of successful completion of the prior semester(s). A copy of grades and / or college credits earned during the period in which this scholarship was received.

Applicants will be informed if their application is incomplete and asked to provide the missing information.

Submission:

The application and any supporting materials must be submitted to a Transition Resource Agency (TRA). Refer to the *DCF Scholarship Points of Contact* to find the contact information for the appropriate TRA and the correct point of contact with that agency. This document can be found at: <https://dcf.wisconsin.gov/youthservices/college> .

- For applicants who are still in care, send the application and additional required document(s) to the TRA associated with the county human services agency responsible for your care.
- For applicants who have already exited care, send the application and additional required document(s) to the TRA associated with the county in which you live (use your home/ mailing address).

Note that the TRAs provide a number of services that applicants eligible for the DCF Scholarship are also eligible for (e.g. employment support, housing assistance). Applicants may benefit from and want to access these services, but are not required to inquire about or receive any of those additional services if they do not want to.

If you have questions, please contact DCFScholarship@wisconsin.gov.

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.

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Name – Applicant (Last, First, MI)		Birthdate (mm/dd/yyyy)	Social Security Number (optional)
Any Other Names By Which You Have Been Known			Date of Name Change(s)
Current Mailing Address (Street, City, State, Zip Code)			Telephone Number
Email Address			County of Residence
Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check all that apply)		
	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other
Last Grade Completed		Date of Completion (mm/dd/yyyy)	
Name – Last School Attended		Location of Last School Attended (City, State)	

SEND SCHOLARSHIP AWARD TO:

Name – College or Technical / Vocational School		Telephone Number – Business Office
Business Office Mailing Address (Street, City, State, Zip Code)		
Date of Enrollment	Major Field / Training Area	Scholarship Amount Requested \$

Indicate the Time Period of the Scholarship (Choose one)

Entire school year Fall semester Spring semester

Other: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Education Costs for Period of the Scholarship Request

Tuition and Fees: \$ _____
Books: \$ _____
Total Cost: \$ _____

Other Financial Resources Applied for or Receiving (Check all that apply)

Other Education and Training Voucher (ETV) \$ _____
 Savings \$ _____ Family Support \$ _____
 Grants \$ _____ Loans \$ _____
 Work Study \$ _____ Other \$ _____

Scholarship awards are non-transferable. Additional funding for costs associated with postsecondary education or training may be available. For more information, contact the Independent Living Coordinator in your [county](#), [tribe](#) or [Transition Resource Agency](#).

County Supervising Your Out-of-Home Care Placement	Name – County, Tribe or Transition Resource Agency Worker
Total Number of Years / Months in Out-of-Home Care After the Age of 15	Date Exited Out-of-Home Care (mm/dd/yyyy)
Name – Person Assisting with Application (if applicable)	Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand that continued eligibility for the DCF Scholarship Program is dependent upon satisfactory performance. I also understand that I am required to submit proof of performance for subsequent applications and awards.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Permission granted to exchange and release information regarding educational, financial aid and/or billing records as requested by the DCF Scholarship program for the purpose of postsecondary education funding. In addition permission to release and/or exchange information pertaining to my academic needs and / or support.	
<input type="checkbox"/> Yes <input type="checkbox"/> No DCF or the campus may contact me regarding opportunities related to foster youth alumni.	
SIGNATURE – Applicant	Date Signed (mm/dd/yyyy)