

State of Connecticut
Department of Children and Families
Bureau of Adoption and Interstate Compacts Services
Subsidy Unit

APPLICATION FOR FINANCIAL ASSISTANCE FOR POST SECONDARY EDUCATION

Applicant Name _____

Date _____

I. Applicant Information

Name _____

Address _____

DOB _____

II. High School Information

High School _____ GED Program Adult Education Program

Regular Education Program Special Education Program Vocational/Technical Program

Date of High School Graduation _____ High School Grade Point Average _____

Post-Secondary Educational Goals: _____

III. Post-Secondary Information

Name of School _____

Address of School _____

Type of School: Vocational College/University

Program: _____

Length of Program: Two (2) Years Four (4) Years Other(Explain) _____

Academic Year for which Financial Assistance is requested _____

Applicant has maintained a minimum 2.0 GPA in previous year:
Yes No If no, explain: _____

Senior Year High School Transcript (First Year Only)

Acceptance letter (First Year Only)

FAFSA award letter

Any other grants / scholarship award letters

Breakdown of Costs (tuition statement)

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IV. Budget Information

Cost of Education (Attach documentation from schools)

Tuition _____
Fees _____
Room (on-campus only) _____
Board (on-campus only) _____

Cost Subtotal _____

Less

Youth contribution _____ **500.00**
Grants _____
Scholarships _____
Total Deductions _____

{Estimates from
Financial Aid Office}

Balance _____

Total Required from DCF _____

Payment due by _____

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

SIGNATURES		
Applicant		Date
Parent (if available)		Date
Social Worker (Subsidy Unit)		Date
Program Supervisor (Subsidy Unit)		Date

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