

Application for Foster Child
 Education Assistance Program

| Section I: Student Eligibility (To Be Completed By Youth) | | | |
|--|---|---|---|
| <p><i>Youth who are, or have been, in foster care seeking tuition / fee assistance must complete and return this form to the Registrar's Office of the school they will be attending. Assistance will be provided if a student meets eligibility criteria. Please read the statutory definitions on the reverse side of this form to help you determine whether you will be eligible for tuition and fee assistance.</i></p> | | | |
| <p>Students must meet one of the below criteria for the foster child education assistance program (tuition waiver) eligibility. Check the box that best describes your eligibility.</p> | | | |
| <input type="checkbox"/> I was in the custody of the Secretary of the Kansas Department for Children and Families (DCF) and in a foster care placement on or after my 18 th birthday. | <input type="checkbox"/> I was released from the custody of the Secretary of the Kansas DCF before age 18 and graduated from high school or obtained a GED while in foster care placement and in the custody of the Secretary. | <input type="checkbox"/> I was adopted from a foster care placement on or after my 16th birthday while in the custody of the Secretary of Kansas DCF. | <input type="checkbox"/> I was released from a foster care placement subject to a guardianship under chapter 38 or 59 of the K.S.A. on or after my 16 th birthday while in the custody of the Secretary of the Kansas DCF. |
| <input type="checkbox"/> I'm unsure about my eligibility for the Kansas Foster Child Education Assistance Program (tuition waiver) and would request my eligibility be checked. | | | |

| Section II: Student Information: Write Legible (To Be Completed By Youth) | | | |
|---|---|---------------|--|
| Name (First, Middle Initial, Last) | | | |
| DOB | Last 4 Digits of Social Security Number | XXX-XX- | |
| Address: Street, City, State, Zip Code | | | |
| Applicant Telephone Number | | Email Address | |
| Date of High School Graduation /or Date GED received | | | |
| Post-Secondary Educational Institution accepted to (include the city) | | | |
| Enrollment Start Date: (include month & year) | | | |
| <p>I understand that in order to maintain my eligibility for the Foster Child Education Assistance Program (tuition waiver), if granted, I will need to remain in good academic standing at the Kansas educational institution and make satisfactory progress toward completion of the requirements of the educational program. I authorize the school I am attending to provide any information concerning financial aid, grades, and any other academic information requested to Prevention and Protection Services of the Kansas Department for Children and Families.</p> | | | |
| Signature of Student | | Date | |

| Section III: Educational Institution Contact Information (To Be Completed By The School) | |
|--|--|
| Registrar's Office: Please email this form to the Kansas DCF Administration Office at: DCF.TuitionWaivers@ks.gov . Faxed applications will no longer be accepted. | |
| DCF return this form to the Registrar's Office at (EMAIL ONLY) | |
| Contact information at the Education Institution (Name & Phone Number) | |
| *The Kansas Department for Children and Families PPS Administration must verify the applicant's eligibility status* | |

| Section IV: DCF Applicant Eligibility Determination (To Be Completed By KS DCF) | | |
|--|---|---|
| <input type="checkbox"/> Approved for the Foster Child Educational Assistance Act Program. The Kansas Department for Children & Families verifies that this applicant is eligible at the above institution through the semester the applicant attains age 23. | <input type="checkbox"/> Denied the applicant doesn't meet eligibility criteria. | <input type="checkbox"/> Youth may be eligible for other DCF Independent Living Services. Provide the applicant with contact information for DCF Independent Living Services at |

| | | | |
|--|--|----------------------|--|
| Print Name & Title of PPS Administration Staff | | Date of Verification | |
| Signature | | Phone Number | |

Registrar's Office: Please retain a copy of this form for your records.

| Section V: Kansas Statutory Provision for the Foster Child Educational Assistance Act Program |
|---|
| K.S.A. 32, 161 and 75-53,111 et seq. provides an opportunity for foster care children (1) in the custody of the Secretary of the Kansas Department for Children and Families and in a foster care placement ; at age 18; or (2) released from custody of the Secretary prior to their 18th birthday, after having graduated from high school or having completed their General Educational Development (GED) while in foster care placement and in the custody of the Secretary or (3) adopted from foster care on or after the age of 16; or (4) left foster care placement on or after age 16 subject to guardianship under chapter 38 or 59 of K.S.A., to enroll in Kansas educational institutions without payment of tuition and required fees. Enrollment without payment of tuition and required fees means that an eligible student will be allowed to enroll without payment of tuition and required fees required of all students at the time of enrollment. The student will be responsible for other charges associated with the student's academic program and living costs, such as books and room and board. The applicant may be eligible for assistance for other costs of higher education through Social and Rehabilitation Services. This program provides for undergraduate enrollment of eligible applicant through the semester applicant attains 23 years of age. |
| Where May Eligible Students Enroll: |
| Enrollment without charge of tuition and fees will be possible at Kansas educational institutions including: area vocational schools, area vocational-technical schools, community colleges, the municipal university, state educational institutions or technical colleges. For approved public post-secondary educational facilities refer to the Kansas Board of Regents website. |
| Requirements Of Eligible Students: |
| Students who have been granted tuition waiver shall remain in good academic standing at the Kansas educational institution where the eligible applicant is enrolled and shall make satisfactory progress toward completion of the requirements of the educational program in which the eligible applicant is enrolled. |
| Kansas Educational Institutions: |
| All students who are accepted and enrolled through the Foster Child Education Assistance Program, Kansas educational institutions shall provide a list of current students enrolled in their institution within 60 days from the start of classes to the Program Manager for Independent Living, Kansas Department for Children and Families (DCF) at DCF.TuitionWaivers@ks.gov . |

