



2017-2018 Academic Year

The NJFC Scholars Program provides funding for eligible youth who experienced time in a Child Protection & Permanency (CP&P) out-of-home placement, CP&P independent living arrangement or transitional living program, who are seeking a post-secondary degree at an accredited two-year or four-year college/university, or career/technical school.

This program is funded by State and Federal funds, each with its own eligibility criteria. The student's case history will determine the source of funding and services provided (see page 2).

Tuition Waiver Program (State funds): Eligible applicants will be limited to attending in-state public schools on a full-time basis, and their scholarship will only pay for remaining unpaid tuition and fees after federal and state grants have been applied to their student financial account.

Education and Training Voucher/State Option (Federal funds): Eligible applicants may receive a maximum of \$5,000 for the academic year to assist with a school balance and/or other educational supports.

A student's total award may not exceed the designated maximum Cost of Attendance at his or her post-secondary institution; therefore, funding may be limited accordingly.

ANNUAL APPLICATION DEADLINES:

Completed applications with all documents will be accepted until:
September 1, 2017 for the Fall and Spring Semesters
February 1, 2018 for the Spring Semester

FALL PRIORITY DEADLINE – JULY 1, 2017

Allow 3-5 weeks for completed applications to be processed.

MAIL, FAX, OR EMAIL COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTATION TO:

Foster and Adoptive Family Services
 Attention: Scholarship Department
 PO Box 518, 4301 Route 1 South
 Monmouth Junction, NJ 08852

Fax: 609.452.2635 or 609.520.1515
 Phone: 609.520.1500 or 800.222.0047
scholarships@fafsonline.org

Visit www.fafsonline.org/njfc-scholars-program-faq/ for frequently asked questions regarding the NJFC Scholars Program and the application process.

Visit www.fafsonline.org for more information on the NJFC Scholars Program and other FAFS services.

NJFC Scholars is made possible through:



NEW JERSEY FOSTER CARE SCHOLARS PROGRAM APPLICATION 2017-2018

All Students must complete all of the information in order to have a complete application. Incomplete applications will not be processed.

I am a: **New Applicant** **Re-Applicant** (Please check one)

1. Applicant Information

Legal Name: (Last, First, MI – Include Birth Name if Applicable)		Age	Birth Date: (MM/DD/YYYY) / /	Last 4 digits of Social Security #: XXX-XX-	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	Apt #:	City	State	Zip Code	
County (if NJ resident):	Email Address:		Phone Number (Cell preferred): Texting allowed? <input type="checkbox"/>		
		() -			
Name of a person who we can contact to reach you:		Phone Number:	Relationship:		
		() -	<input type="checkbox"/> Case Manager <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Resource Parent <input type="checkbox"/> Residential Program Staff <input type="checkbox"/> Other		

2. Eligibility Information

Do you currently have an open case with CP&P (formerly DYFS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the sum of your personal assets (i.e. Bank Account, Car, Home, Etc.) greater than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of High School Diploma or High School Equivalency Received/Expected (MM/YYYY) ____/____/____ High School Name: _____ OR Equivalency Program: _____ High School Town, State _____ Program Town, State: _____
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3. Statistical Information

Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino Ethnicity <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Declined	How did you first find out about the NJFC Scholars Program? (Please Pick One) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> High School <input type="checkbox"/> CP&P Case Manager <input type="checkbox"/> FAFS Referral <input type="checkbox"/> Resource Parent <input type="checkbox"/> Independent Living Program <input type="checkbox"/> Presentation </div> <div> <input type="checkbox"/> College Rep. <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Media Source <input type="checkbox"/> Transitional Living Program <input type="checkbox"/> Other (Please Explain): _____ </div> </div>	Did you apply to the Educational Opportunity Fund (EOF)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EOF not offered at my Post-Secondary Institution If yes, are you: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Pending Current Employment Status: <input type="checkbox"/> Employed _____ hours per week <input type="checkbox"/> Unemployed
While attending school, will you be living: <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-campus	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check how you are insured. If no, visit www.healthcare.gov <input type="checkbox"/> Medicaid/MEYA <input type="checkbox"/> School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Did you attend a NJFC Scholars Program outreach event sponsored by FAFS to receive or complete this application? <input type="checkbox"/> Yes (If so, when? MM/YY ____/____) <input type="checkbox"/> No

4. School Information

Name of college or institute you are planning to attend during the academic year for this application:	Student I.D. # (if you have one)
School Address:	I attend or plan to attend: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
I am currently seeking a: <input type="checkbox"/> Voc. Training/Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> BA / BS Anticipated Year of College Graduation/Program Completion: _____	I will be a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> N/A – Career/Technical Program

5. Terms and Usage Agreement

I acknowledge that by completing this application I am applying for two scholarship programs – The Federal Education and Training Voucher Program and the State Tuition Waiver Program. My individual eligibility will be based on my CP&P case history.		
I, the undersigned, do HEREBY CERTIFY that I am in need of financial assistance to continue my education. I affirm that I have fully read and have fully completed the NJFC Scholars Program application. I, the undersigned, do HEREBY DECLARE under the penalty of the laws of the State of New Jersey and the United States that this application has been examined by me and to the best of my knowledge is true and correct.		
I understand that, if I qualify for the NJFC Scholars Program, the amount awarded may vary depending upon my individual demonstrated need and other eligibility criteria, and is for one academic year. I understand that any misuse of funding, failure to maintain a 2.0 GPA or failure to comply with my institution's academic policy may result in termination of funding.		
<input type="checkbox"/> I agree to let the NJFC Scholars Program use my essay/goal list in part or in whole in any future publications. I understand my whole name will not be used.		
Signature of Applicant:	Print Name:	Today's Date:
X		____/____/____

* If texting is marked as allowed, the student is opting in to receive text messages. Standard messaging and data rates may apply.