State of Rhode Island and Providence Plantations

Rhode Island Department of Children, Youth and Families
Donald L. Carcieri, Governor
Patricia H. Martinez, Director

As active members of the community, we share a vision that all children, youth and families
reach their fullest potential in a safe and nurturing environment

Application For Rhode Island Department of Children, Youth and Families
(DCYF) Post-Secondary Tuition Assistance Program

[Please print this application, complete it, then fax/email it to the contact address]

Funds are distributed on an academic year basis – Fall through August of each year.
Applications for this program are due no later than June 1st of each year for the next
academic year (e.g., The deadline for Academic Year September 2009-August 2010 is
June 1, 2009).

Directions for Completing
Welcome to the Rhode Island Department of Children, Youth and Families Post-Secondary Tuition
Assistance Program On-Line Application Form. The youth who is applying must complete these
documents. This version of the application is designed for you, the student, to complete on your
computer and then print out, sign and either fax or email to the following person: Mike Burk, 101
Friendship Street, Providence, RI 02903 Telephone: 401-528-3576; Fax: 401-528-3590; Email:
Mike.Burk@dcyf.ri.gov. [There is also a .pdf version on the DCYF Website (www.dcyf.ri.gov) which can be
printed and completed by hand then faxed/emailed to the same contact].

Frequently Asked Questions

1. It is my understanding that, as a youth who was involved with DCYF, I am entitled to financial
aid from DCYF for college. Is that true?

The DCYF Post-Secondary Tuition Assistance Program is funded through two separate sources, both
with somewhat different rules for eligibility. These are not true entitlement programs. DCYF receives a
set amount of money each year from each funding source and gives that money out based on youth who
apply and meet eligibility criteria. Funding is also on a first-come, first-served basis meaning that
youth who apply earliest are more likely to receive funding. It is important to apply no later than
the annual deadline of June 1st because, once we’ve committed our funds for the year, we can’t get
anymore to give out.

2. What are the two separate funding streams that make up the DCYF Post-Secondary Tuition
Assistance Program?

a. DCYF State Higher Education Opportunity Grant Program: This program was created by
RI Law (see http://www.rilin.state.ri.us/Statutes/TITLE42/42-72.8/INDEX.HTM for the law)
and funded by the RI General Assembly. DCYF receives $200,000 each year to provide
financial aid to youth who meet the criteria for DCYF involvement and who are full-time
students at the Community College of Rhode Island, Rhode Island College or the University of
Rhode Island. Funds from this program cannot be used after you turn age 21, unless you are
full-time student at one of these schools on your 21st birthday. If you are, then you may
continue to receive money from this program until the end of that academic year.
b. **Chafee Education and Training Voucher Program:** This program was created by Federal Law (see [http://www.nrcys.ou.edu/yd/programs/etv.html](http://www.nrcys.ou.edu/yd/programs/etv.html) for more information) and can be used for students attending a school which meets the federal Higher Education Act’s definition of “Institution of Higher Education”. While the amount DCYF receives for this varies from year to year, it generally is about $225,000 per year. Youth do not need to be attending full time and each youth identified as eligible can get no more than $5,000 per academic year (which we define as the Fall Semester through the Summer Sessions of each year – e.g., Fall 2008 through Summer 2009). Eligibility for ETV funds ends at age 21 unless you are currently participating in the program when you turn 21 – if you are, then you can remain eligible until you turn age 23 as long as you stay in school and are considered by the school to be in good academic standing.

3. I was told I only have to fill out this DCYF application one time and it covers me for the whole time I’m in school. Is that right?

**No.** You must complete the DCYF Post-Secondary Tuition Assistance Program Application for each year you are attending school or if you change schools. If you fail to do so, we cannot consider you for funding for that year.

4. If I get financial aid from DCYF, can I use it for any expenses I want?

**No.** DCYF must use the “Cost of Attendance” as determined by the school you are attending. How a school determines what is included in “Cost of Attendance” can vary a little from school to school but generally includes things like tuition, room and board, and student fees. A helpful tool in looking at your school’s cost of attendance is the College Navigator website ([http://nces.ed.gov/collegenavigator/](http://nces.ed.gov/collegenavigator/)). The information is sometimes a year behind but can at least show you what your school includes in the cost of attendance and help give you an idea of what your total cost for a semester/year might be for that school.

5. I heard that DCYF won’t make me take out loans for school and will cover any cost not covered by other grant programs. Is that true?

**No.** DCYF uses the following formula to determine a student’s unmet financial need: **Cost of Attendance (as determined by the school) – Private, Federal & State Grants (including Work/Study) – Scholarships – Federal & State Loans = Unmet Student Need.**

For example, say you are attending URI where this year the cost of attendance is $19,752. URI identifies that you are eligible for a Pell Grant of $4,731, $2,000 in Work/Study, $4,244 in scholarships and a Stafford Loan of $3,000. Using the formula, you’re unmet need is $5,777 ($19,752-$6,731-$4,244-$3,000 = $5,777). In the past, DCYF was able to cover all of both the unmet need of $5,777 plus the Stafford Loan amount of $3,000 for a total DCYF award of $8,777, which meant you, as the student, didn’t have to take out a loan. However, because we have so many more youth taking advantage of the DCYF Post-Secondary Tuition Assistance Program, we cannot guarantee this for the future and we anticipate that students, regardless of the school they are attending, will need to take out loans.

It is important to remember that students attending CCRI, RIC or URI have two potential DCYF funding sources from which to get help— the DCYF State Higher Education Opportunity Grant Program and the Chafee Education and Training Voucher (ETV) Program. **If you are attending any other school, you can be considered only for the Chafee ETV Program and can get only a maximum of $5,000 per academic year.**

6. How does DCYF decide if I am eligible for the DCYF Higher Education Opportunity Grant Program? Can I use funds from the DCYF Higher Education Opportunity Grant to pay for the cost of attendance at any school in the country?

This grant program is limited to youth attending CCRI, RIC or URI who meet the following criteria:

a. You are in DCYF care at the time of your initial application and were in foster care (defined as any out of home care except the RI Training School) for at least the two years prior to the application. If you’ve already turned 18 before your initial application, you must have been in
foster care from your 16th birthday to your 18th birthday. If you were adopted while in DCYF foster care, even if you were adopted at age 17, you are not eligible for these funds; and

b. You graduated from high school or received the equivalent of a high school diploma not more than one year before the date of your initial application or must be expected to graduate at the end of the semester in which the application is made; and

c. You are attending one of the following Rhode Island schools on a full-time basis: the Community College of Rhode Island, Rhode Island College or the University of Rhode Island; and

d. Your school must consider you to be in good academic standing for you to keep getting these funds; and

e. This funding ends when you reach age 21 unless you are participating in this program at age 21 and are still enrolled in one of these three schools on your 21st birthday, DCYF can continue your funding for the rest of the academic year after you turn 21.

7. How does DCYF decide if I am eligible for the ETV Program? Can I use the Chafee Educational and Training Voucher Grant to pay for the cost of attendance at any school in the country?

Youth eligibility criteria are:

a. You must have been in the child welfare system and in foster care (defined as any out of home care excluding the RI Training School) for at least one day on or after your 16th birthday and the Department must have identified you as likely to remain in foster care until age 18 (or you have already aged out of foster care at age 18). If you were adopted from foster care after your 16th birthday, you can be considered for the ETV Program;

b. You must not have reached your 21st birthday when you initially apply. If you are attending school and participating in the ETV program on your 21st birthday, (this includes if you turn 21 during the summer break as long as the school continues to view you as a student), you can remain eligible until you turn 23 as long as you stay enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program;

c. You must be attending a school which meets the definition of an Institution of Higher Education according to Sections 101 and 102 of the federal Higher Education Act. For a full definition, see http://www.nrcys.ou.edu/vd/programs/pdfs/hea1965.pdf A brief summary of the definition of an Institution of Higher Education is as follows:

   i. Awards a bachelor's degree or not less than a 2 year program that provides credit towards a degree or,

   ii. Provides not less than 1 year of training towards gainful employment or,

   iii. Is a vocational program that provides training for gainful employment and has been in existence for at least two years.

   iv. In addition, the school must meet all three of the following criteria:

      1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance

      2. Public, Private, or Non-Profit

      3. Accredited or pre accredited and is authorized to operate in that state

d. Please note that a you can be a part time student and be eligible to receive ETV funding but the amount of that funds we can give you is still based on the your unmet need as defined by the school.
8. Does DCYF send the financial aid check to me directly?
   a. No. DCYF, through the RI Council of Resource Programs (RICORP), issues awards directly to the student’s school. After the school deducts any costs which they pay for directly, they will usually give the student a check for the remaining amount. As with most post secondary financial aid programs, the student must use this money to pay for items related to the cost of attendance such as off-campus meals if the student lives off campus and is not part of the school’s meal plan, books/supplies, off-campus rent, transportation to and from school, etc. These funds cannot be used to purchase durable assets (e.g., a car, a laptop) unless that is identified by your school as part of the Cost of Attendance and/or you receive separate approval from DCYF.

9. What happens if I drop out of college in the middle of a year/semester - do I have to pay DCYF back?
   a. You will need to notify us that you have withdrawn and the date of your withdrawal. We will work with your school to determine whether or not any refunds are due to us. If you were given a check from the school to cover expenses not directly covered by your school, you may have to return funds to the school and/or DCYF. You will need to discuss your situation with your school’s financial aid office to determine what funds, if any, you need to pay back.

   b. For example, if you live off-campus, you may get a check from the school which is intended to cover your rent while attending that school. If you withdraw before the end of the semester, you cannot use these funds for rent for the remaining time in that semester as you are no longer a student.

10. What happens if I don’t get good grades in one semester – can I still get financial aid from DCYF for the next semester?
    a. Both the DCYF Higher Education Opportunity Grant Program and the federal ETV Program require the student to make what be in good academic standing. We rely on your school to make this determination for us. If you are informed by the school that you are not in good academic standing, you need to notify us immediately. We will look at your situation and try to work with you to help you get back on track. We want you to succeed so we may not stop your funding immediately as long as you are working toward improvement.
Application For Rhode Island Department of Children, Youth and Families DCYF Post-Secondary Tuition Assistance Program

[On-Line Form Version – Can be completed on your computer but then must be printed and faxed/emailed to contact address at bottom of page]

Date of Application: _____________________

Checklist:
Completing the Free Application for Federal Student Assistance (FAFSA) is required to be eligible for the DCYF Tuition Assistance Program which includes the Chafee Educational Training Voucher Program and the DCYF Higher Educational Opportunity Grant Program.

The youth who is applying for the application must have (Check those you have completed. Completion means that you can supply the required copies to DCYF or DCYF’s designee):

□ Submitted an Application to the College/University/Post-Secondary Vocational Program (Necessary only for initial acceptance at a school)

□ Received an Acceptance letter. (Necessary only for initial acceptance at a school). Please attach copy with application. If not yet received, this must be sent separately upon receipt.

□ Completed Free Application for Federal Student Aid (FAFSA). Please attach copy with application. [You may get something called the Student Aid Report (SAR) – sending a copy of this meets this requirement].

□ Received a Financial Aid Award letter from your school. Please attach copy with application. If not yet received, this must be sent separately upon receipt.

□ Submitted to DCYF a DCYF Post-Secondary Tuition Assistance Program Release of Information. Please attach copy with application.

Applicant Name (First, Middle, Last): ___________________________________________________________

Date of Birth: _______________________ Student Identification Number: ____________________________

Current Address (Street, Apt. #, City/Town, State, Zip Code):
________________________________________________________________________________________
________________________________________________________________________________________

Telephone Number (Home, Cell): ______________________________________________________________

Email Address: _____________________________________________________________________________

Applicant currently resides [Check only one]:

□ Home with Family  □ Foster Home  □ Former Foster Home

□ Dormitory/On-Campus Apartment  □ Off Campus Apartment with Roommate(s)

□ Off Campus Apartment without Roommate(s)  □ Residential Program

If residing in a Foster Home or a Residential Program, please provide the Foster Parent(s) name with a telephone number or the name of the Residential Program and a contact name/telephone number:
________________________________________________________________________________________
• Please provide the name/telephone number for your current DCYF Worker or, if you have already left DCYF Care, the name of your last DCYF Worker with telephone number if you know it:

__________________________________________________________________________________________
__________________________________________________________________________________________

• Please provide the date you entered DCYF Foster Care as close as you are able to remember:

_________________

• Current School Attending (High School or Post High School)(Please include name and city/town/state):

__________________________________________________________________________________________
__________________________________________________________________________________________

• Your Current Grade/Year (Please check only one):

□ High School Senior  □ GED or Equivalent Degree  □ Trade School/Certification Program
□ 1st Year College (Freshman)  □ College Sophomore  □ College Junior
□ College Senior  □ Graduate Student

• Please indicate the Highest Educational Level You’ve Completed (Please check only one):

□ Still in High School  □ Left High School without Completing  □ Earned GED or Equivalent
□ High School Diploma  □ Post High School Certificate  □ Associate’s Degree
□ Bachelor’s Degree

• College /University/ Post Secondary Vocational Program (s) Applying to (List all unless you’ve been accepted at or are attending one in particular)(Name of school and city/town/state) (Students attending Schools/Programs which are not considered an “Institution of Higher Education” by federal Higher Education Law cannot receive DCYF Post-Secondary Tuition Assistance Program Funding):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please print, sign and date this agreement and have another adult over the age of 18 sign and date as your witness.

Signature of Applicant: __________________________ Date: __________________________

Witness Signature: __________________________ Date: __________________________

Submit to: Mike Burk, 101 Friendship Street, Providence, RI 02903
Telephone: 401-528-3576; Fax: 401-528-3590; Email: Mike.Burk@dcyf.ri.gov
DCYF Post-Secondary Tuition Assistance Program

Use of Funds Agreement

By signing this agreement, I, __________________________ (Print Student’s Name), agree that I will use any funds provided to me through this program solely for expenses related to the “Cost of Attendance” as determined by the school I attend. Generally these expenses include tuition, fees, books/supplies, room and board. I further agree that any financial aid refunds which are given to me directly by either the School or DCYF will be used toward these expenses or, if all of these expenses paid in full, I will return unspent funds to DCYF’s designated vendor.

I will not use any of these funds to purchase durable assets including but not limited to such items as automobiles, homes, electronics equipment, games, and/or computer hardware/software (except for computer hardware/software which is included as part of the school’s “Cost of Attendance” or expressly approved in writing by DCYF or DCYF’s designated vendor).

I further understand that my failure to comply with this agreement may jeopardize continued funding for me for this program and/or may result in legal action being taken against me.

Please print, sign and date this agreement and have another adult over the age of 18 sign and date as your witness.

Student Applicant Signature: __________________________ Date: ______________

Witness Signature: __________________________ Date: ______________
Release of Information

Eligibility for DCYF Higher Education Tuition Assistance Programs, including the Chafee Educational Training Vouchers and the DCYF Higher Education Opportunity Grant Programs, requires student permission for the communication between the Department for Children, Youth and Families and the Educational Institution. This communication is for the purpose of monitoring enrollment, student participation and financial aid status.

I, the undersigned, give permission for the exchange of educational and financial information (including information with respect to enrollment, student participation, grades and financial aid status) between the RI Department for Children, Youth and Families and faculty/staff/administrators of:

Name and Address of College/University/Post-Secondary Educational Program the student is attending or is planning to attend:

_____________________________________________________________________________________
_____________________________________________________________________________________

Please print, sign and date this agreement and have another adult over the age of 18 sign and date as your witness.

Print Student’s Name (First, Middle, Last): ________________________________

Student Applicant Signature: ______________________ Date: ________________

Witness Signature: ________________________________ Date: ________________