

Section I: Student Eligibility (To Be Completed By Youth)

*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 and the legislative appropriations are available for this purpose. **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.***

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.

I was in the custody of
the Secretary of the Kansas

td Q 00.56 -0 0 10.56 110.04 613.95m [(5 Tm4ET EMC Q 0[.3(i)-6.(m)16.6(e)0.hd7(-10o)-1(w [(1)557136 dMC. Q 00.261136

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.

