

Connecticut Department of Children and Families  
**APPLICATION FOR FINANCIAL ASSISTANCE FOR POST SECONDARY EDUCATION**

DCF-632  
 8/19 (Rev.)



I. APPLICANT INFORMATION							
<input type="checkbox"/> Adoption (12 Month Budget)	Case Name:	Case ID # / SPM #:	Date:				
<input type="checkbox"/> Commitment PSE (8 Month Budget)							
Applicant LAST Name		Applicant FIRST Name		DOB:	Age:		
Cell Phone #:	Alternate Phone #:	E-mail:		Gender:			
Address (No. and Street)		Apt. #:	City:	State:	Zip:		
II. HIGH SCHOOL INFORMATION							
Name of High School:			Date of HS Graduation:	HS GPA:			
<input type="checkbox"/> GED Program <input type="checkbox"/> Adult Ed. Program <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational/Tech Program							
Post-Secondary Educational Goals (This section is for Adopted youth only, if necessary):							
III. POST-SECONDARY INFORMATION							
Name of School / College:			<input type="checkbox"/> Voc./Tech.	Semester: <input type="checkbox"/> Annual			
			<input type="checkbox"/> College/University	<input type="checkbox"/> Fall <input type="checkbox"/> Spring			
Address of School (No. and Street)			City:	State:	Zip:		
Length of Program: <input type="checkbox"/> 2 years <input type="checkbox"/> 4 Years			Academic Year for which Financial Assistance is requested:				
<input type="checkbox"/> Other (explain):							
Applicant has maintained a minimum 2.0 GPA in previous semester / year: <input type="checkbox"/> Yes <input type="checkbox"/> No.    If No, explain:							
<input type="checkbox"/> Include the FAFSA award letter with this application packet		<input type="checkbox"/> Senior Year High School Transcript (Needed for the First/Initial Application Only)					
<input type="checkbox"/> Breakdown of Costs (Tuition Statement)		<input type="checkbox"/> Acceptance letter (First Year/Initial Only)		<input type="checkbox"/> Any other grants / scholarship award letters			
IV. BUDGET Cost of Education [attached documentation from school]: <input type="checkbox"/> First Year Application (Initial) <input type="checkbox"/> Returning <input type="checkbox"/> Transferring to new program							
Housing Type: <input type="checkbox"/> On Campus <input type="checkbox"/> Apartment/Boarding <input type="checkbox"/> Foster Care <input type="checkbox"/> TFC / Congregate / SWET (this selection is only eligible for tuition)							
This section is available for notes or comments, if necessary:			IF YOUTH IS COMMITTED – COMPLETE THE BUDGET BELOW: <i>(If Youth Is Adopted – See Next Page)</i>				
			CT State University Allotted Budget			_____	
			Housing Costs (8 months)			_____	
			Stipend (SPM ONLY- 8 Months)			_____	
			Total Available for Tuition			_____	
			Cost of Attendance			Tuition _____	
						Fees _____	
			Healthcare (only if out-of-state)			_____	
			Miscellaneous (books and supplies)			_____	
			GRAND TOTAL COST			_____	
			Grants / Scholarships & Loans			FAFSA Grants _____	
						Scholarships _____	
						Other _____	
			DCF Available balance toward tuition			_____	
			Loans (Youth responsibility, if needed)			_____	
REMAINING BALANCE			_____				
Youth Contribution			_____				

This section is available for notes or comments, if necessary:	<p style="text-align: center; color: red; margin: 0;"><b>IF YOUTH IS ADOPTED – COMPLETE THE BUDGET BELOW:</b></p> Tuition _____ Fees _____ Room (on-campus only) _____ Board (on-campus only) _____ Expense _____ Subtotal _____ LESS Youth Contribution _____ LESS Grants (estimate from Financial Aid Office) _____ LESS Scholarships (estimate from Financial Aid Office) _____ Deductions Subtotal _____ TOTAL Required from DCF _____ Payment due by _____
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**V. APPROVALS AND SIGNATURES**

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

Applicant/Youth LAST Name:	Applicant/Youth FIRST Name:	Applicant/Youth Signature:	Date:
(If Applicable):Adoptive Parent LAST Name:	Adoptive Parent FIRST Name:	Adoptive Parent Signature:	Date:
SW LAST Name:	SW FIRST Name:	SW Signature:	Date:
SWS LAST Name:	SWS FIRST Name:	SWS Signature:	Date:
PS LAST Name:	PS FIRST Name:	PS Signature:	Date:
PD LAST Name (SPM only)	PD FIRST Name (SPM only)	PD Signature (SPM only)	Date:
OD LAST NAME: (SPM only)	OD FIRST NAME: (SPM only)	Office Director Signature (SPM only)	Date:

**FOR ADOPTEES:** Return this form by June 30<sup>th</sup> to: Subsidy Unit, 505 Hudson Street, Hartford, CT 06106, Attn: Paul Gressly

**FOR SPM / COMMITTED YOUTH:** One copy is for the record; one copy is to be sent to CWA, in conjunction with a FAFSA Award Letter