

Foster and Adopted Child Tuition Waiver

This program offers in-state tuition assistance to individuals who meet one or more of the following criteria.

- Who were placed in the custody of the Cabinet for Families and Children or The Department for Juvenile Justice in the state of Kentucky on the child's 18 birthday or currently placed in state foster care.
- Is over the age of 18 and student's family receives state-funded adoption assistance under KRS 199.555.
- Is in a state supported Independent Living Program.
- Was in the custody of the Cabinet for Families and Children or the Department for Juvenile Justice prior to being adopted by a family that resides in Kentucky.

Eligibility

You must be admitted and registered as a full-time student and remain in good academic standing with the University. You cannot be more than four years removed from high school and you will have five years eligibility for this waiver from the time of admission into an institution. You must also complete the FAFSA, the Free Application for Federal Student Aid. The eligibility is determined by the state.

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

The student completes the student information section and Section 1 of the form.

Please include all information as follows:

- First, middle and last names;
- House number, street name, city, state and zip code;
- Phone number, including area code;
- Month, day and year of birth;
- Social Security number;
- Foster or adoptive father's full name, including middle name or initial and foster or adoptive mother's full name including maiden name;
- Indicate date of high school graduation or GED Certificate;
- Indicate date of anticipated entry into public post-secondary institution;
- Indicate whether student has previously applied for the waiver;
- Check the correct eligibility criteria box;
- Check box for release of information; and
- Sign and date the form.

After completion of the student information section and Section 1 of the form, turn the form in to the public post-secondary institution.

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Families and Children.

- Verifies eligibility criteria. Marks the appropriate box;
- If the applicant meets the eligibility criteria, signs the form and mails it to the post-secondary institution within thirty (30) working days from the date of receipt from the requesting institution with a copy to the applicant;
- If the applicant does not meet the eligibility criteria and is found ineligible, returns a copy of the signed form to the post-secondary institution and applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action and the DPP-154, Service Appeal Request.

TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

SECTION 1 — APPLICANT INFORMATION

FULL NAME: *(please print)*

STREET
ZIP

CITY

STATE

PHONE NUMBER:

DATE OF BIRTH:

SSN:

FOSTER OR ADOPTIVE PARENTS' FULL NAMES:

DATE OF HIGH SCHOOL GRADUATION OR GED CERTIFICATE:

DATE OF ANTICIPATED ENTRY TO INSTITUTION:

Student requests waiver under the following conditions (check all that apply):

- Is currently committed and placed in foster care by the Cabinet for Families and Children.
- Is in an Independent Living Program funded by the Cabinet for Families and Children.
- Was in the permanent legal custody of the Cabinet for Families and Children prior to being adopted and the family received state-funded adoption assistance.
- Was in the legal custody of the Cabinet for Families and Children on his or her eighteenth (18th) birthday.

Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?

_____ Yes _____ No If "Yes", when? _____

Release of this information shall not constitute a breach of confidentiality required by KRS 199.570 and 620.050. I agree to the release of the above-referenced information to the post-secondary institution.

I agree to provide the Cabinet for Families and Children the date of my graduation:

Student or Guardian Signature

Date

SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST

I am requesting that the information in Section 1 be verified to determine the eligibility of the above named applicant.

Name of Institution

Address of Institution

Phone number

Date

Institution Contact Person (Please print)

SECTION 3 — TUITION WAIVER VERIFICATION

CABINET FOR FAMILIES AND CHILDREN

ATTN: Tuition Waiver

275 East Main Street Mail Drop 3 C-E

Frankfort, KY 40621

502-564-2147 or 800-232-5437

(FAX: 502-564-5995)

_____ **ELIGIBLE**

_____ **INELIGIBLE**

If ineligible, you have the right to appeal in accordance with 922 KAR 1:320.

SIGNATURE OF AUTHORIZED PERSON

DATE