



STATE OF NEW HAMPSHIRE POSTSECONDARY EDUCATION COMMISSION

Financial Aid | College & University Approvals | Career School Licensing | Veterans State Approvals | Closed School Transcripts | Research/Studies

STATE OF NEW HAMPSHIRE
APPLICATION FOR TUITION WAIVERS FOR FOSTER CHILDREN

To be considered for an award, this application must be received by DCYF by March 15, 2010.
Completion of this application does not guarantee an award under this program.

After completion of Part I, forward the application to: Robert Rodler, Adolescent Program Specialist,
Division of Children, Youth and Families, NH Department of Health and Human Services, 129 Pleasant
Street, Concord, NH 03301

Part I: Please print or type responses.

Name of Applicant: _____
First Name M.I. Last Name

Mailing Address: _____

Permanent Legal Residence: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ Last 4 Digits of your Social Security Number: _____

Institution you plan to attend or are attending (check all that apply):*

- [] Granite State College [] Great Bay Community College
[] Lakes Region Community College [] Manchester Community College
[] NHTI - Concord's Community College [] Nashua Community College
[] Plymouth State University [] River Valley Community College
[] University of New Hampshire [] University of New Hampshire, Manchester
[] White Mountains Community College [] Keene State College

*Reminder: You are required to meet the institutional financial aid filing deadline

What is your current grade level?

- [] never attended college, 1st year undergraduate [] attended college before, 1st year undergraduate
[] 2nd year undergraduate/sophomore [] 3rd year undergraduate/junior
[] 4th year undergraduate/senior [] 5th year/other undergraduate

Name/Address of living parent/guardian/or individual who you most maintain contact with:



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Date on which the Free Application for Federal Student Aid was submitted: ____/____/____

*Reminder: You are required to meet the institutional financial aid filing deadline

Date on which application was submitted to the NH Charitable Foundation's

Statewide Student Aid Program: ____/____/____

Career Aid to Technology Students (CATS) Program: ____/____/____

I declare, under penalty of perjury, that the answers to the above questions are true and correct to the best of my knowledge and belief.

I give permission for the Division of Children, Youth and Families to provide the NH Postsecondary Education Commission with verification of my eligibility status for the Tuition Waivers for Foster Children Program and for the Postsecondary Education Commission to verify eligibility and financial aid information with my institution.

Signature of Applicant or Legal Guardian if under age 18 Date

State of_____, County of _____, on the _____ day of

_____, 2010, before the undersigned officer, personally appeared the person above, known to me (or satisfactorily proven) to be the person whose name is signed above.

Signature of Notary Public or Justice of the Peace

(Seal)

Part II: This section is to be completed by the Division of Children, Youth and Families

APPLICANT: _____

The Division of Children, Youth and Families certifies that the above named applicant meets the eligibility requirements of the Tuition Waiver for Foster Children Program as stated in Pos 1401.01(c).

Signature and Title of Certifying Authority

Date