

## Fostering Futures Scholarship Application

The Fostering Futures Scholarship is available on a first-come, first-served basis to students who have been placed by the Department of Health and Human Services in the Michigan foster care system on or after their 13th birthday. There is no maximum age restriction for the student. The student must be enrolled at least half time as an undergraduate at a Michigan public or private degree granting four-year college/university or a community college. The student must meet Satisfactory Academic Progress (SAP) standards set by the school. The student must complete the Free Application for Federal Student Aid (FAFSA) and demonstrate financial need.

**INSTRUCTIONS:** Complete this form and submit it to Student Scholarships and Grants at the address or fax number shown at the bottom of this page. **Only one application per academic year is required.** The application deadline to be considered for the 2016-2017 scholarship is June 30, 2016.

| PART 1: STUDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                           |                        |                                       |      |        |  |
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| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Middle Name                                                                                               |                        | Last Name                             |      |        |  |
| Prior Name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                           |                        |                                       |      |        |  |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                           | Social Security Number |                                       |      |        |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                           |                        |                                       |      |        |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | State                                                                                                     |                        | ZIP Code                              |      | County |  |
| Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                           |                        | E-mail Address                        |      |        |  |
| PART 2: COLLEGE/UNIVERSITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |                        |                                       |      |        |  |
| Name of College                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                           |                        | Campus Location                       |      |        |  |
| Semester/Term (Check each semester/term you will be enrolled and want to be considered for the scholarship)<br><input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                           |                        | High School Graduation Year           |      |        |  |
| PART 3: FOSTER CARE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                           |                        |                                       |      |        |  |
| Are you in foster care now?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Are you an Unaccompanied Refugee Minor (URM)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        | County of Foster Care Case (if known) |      |        |  |
| Caseworker Name (if open foster care case)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                           |                        |                                       |      |        |  |
| PART 4: CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                           |                        |                                       |      |        |  |
| <p>By signing this application, I certify that I have read and understand all parts of this application and give permission to the State of Michigan staff to use my information for statistical reporting purposes as required by the Michigan legislature. In addition, in compliance with the Family Educational Rights and Privacy Act of 1974, I permit my caseworker, guardians, and/or college representative to review with the State of Michigan staff my academic record and any other information, as needed, related to my academic progress during my academic career.</p> <p>I understand that participation in the Fostering Futures Scholarship will be reviewed at the conclusion of each academic year. If I have met the conditions of this agreement and of the college or university's academic progress policy, I may be eligible for future scholarships. I also understand that I must apply each year. I am aware that if I fail to comply with the conditions set forth in this agreement, I will jeopardize my continued eligibility for this scholarship.</p> <p>My signature also authorizes the State of Michigan to release funds to the college indicated on this application as appropriate according to the terms and conditions of this agreement. I acknowledge that all financial aid, including the Fostering Futures Scholarship must not exceed my Cost of Attendance. This may require my financial aid office to reduce or cancel a portion of my original aid package. For more information on your Cost of Attendance, contact your financial aid office.</p> <p>All future program funds are subject to available and approved funding. Award parameters are subject to legislative changes.</p> |  |                                                                                                           |                        |                                       |      |        |  |
| Signature of Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                           |                        |                                       | Date |        |  |

**Keep a copy of this application for your files and submit the original application to:**

Student Scholarships and Grants  
PO Box 30462  
Lansing, MI 48909  
Fax: 517-241-5835  
Phone: 1-888-4-GRANTS (888-447-2687)

**PLEASE ALLOW THREE TO FOUR WEEKS FOR PROCESSING.**

You will be notified by email and/or letter of your application status.