



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 the 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 4-year college/university or a community college. The student must meet Satisfactory Academic Progress (SAP) standards set by the school.

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 2015-2016 scholarship is July 6, 2015.

PART 1: STUDENT INFORMATION			
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 (Check each semester/term you will be enrolled and want to be considered for the scholarship) <input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring <input type="checkbox"/> Summer		Current College GPA (if applicable)	High School/GED Graduation Year
PART 3: FOSTER CARE INFORMATION			
Are you in foster care now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an Unaccompanied Refugee Minor (URM)? <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.</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.