# **2023-2024 Foster Child Grant Program Conditions of Agreement**

***\*If you have accessed Foster Child Grant previously you do not need to complete this application.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I, | , | | hereby certify that I am enrolled in a post-secondary educational program. | | | |
|  | (Name) | |  | | | |
| The full name of the school I am attending is | | | |  | and the address | |
|  | | | | (Name of School) |  | |
| of the school is | |  | | | |  |
| (Address of School) | | | | | | |

|  |  |
| --- | --- |
| My start date this academic year is |  |
|  | (Select date) |

**Students agree to the following statements in order to meet eligibility requirements:**

* I am a full-time student and under age 25 and have not received the grant for more than 5 years.
* I have filed a *2023-2024 FAFSA- Free Application for Federal Student Aid.* (The FAFSA website is [www.fafsa.ed.gov](http://www.fafsa.ed.gov))
* I am currently a permanent resident of the Commonwealth of Massachusetts and the FAFSA filed reflects a Massachusetts address.
* I am not in default of any federal or state student loans for attendance at any institution or need to pay back any previous financial aid received.
* I have verified with the Department of Children and Families (DCF) that I was in the custody of DCF through a Care and Protection Petition until my 18th birthday and unable to return home. (Youth who turned 18 in the custody of DCF may or may not have remained in DCF placement past their 18th birthday).
* I agree to participate in educational support services offered to me by DCF.
* I am aware that for the purposes of awarding this grant, DCF will exchange the information I have provided on this form with the Massachusetts Office of Student Financial Assistance and the above-named school where I am enrolled.

***\*Please complete this form in its entirety (both pages) or it could impact funding.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Student (or electronic signature) |  | Printed Name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Social Security Number |  | Date of Birth |  | Phone Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Address | City | State Zip |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Valid E-mail Address (Required) |  | DCF Area Office |

Have you applied for Foster Child Grant before? Yes  No

**Filing deadline for academic year 2023-2024 is June 16, 2023.**

**Completed forms can be sent by mail to:**

DCF Adolescent and Young Adult Services Unit

600 Washington Street, 6th floor

Boston, MA 02111

**Or emailed to:** [youth.support@mass.gov](mailto:youth.support@mass.gov).