Fostering Futures Scholarship Application

INSTRUCTIONS: Please complete this form and submit to MET with a copy of the student's financial aid award letter (or any other document to support off-campus expenses requested, i.e., rental agreement) and an unofficial photocopy of your most recent college transcript (not applicable to incoming freshmen).

Fostering Futures Scholarship is available to students on a first-come, first served basis. The student must have been placed by the Department of 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 attending a Michigan public or private 4-year college/university or a community college.

PART 1: STUDENT INFORMATION						
First Name	Middle Name		Last Name			
Prior Name (if applicable)	·					
Date of Birth			Social Security Number			
Address		1				
City	State		ZIP Code		County	
Telephone Number		Email A	Address	I		
PART 2: COLLEGE/UNIVERSITY INFORMATION						
Name of College			Current Colle	ge GPA (if applicable	High School Graduation Year	
Semester (Check one)			D	Dollar Amount Requested		
Fall Winter Spring Summer Year:			\$			
Select all needs/services for which the funding will be used (check all that apply)						
Tuition Dollar amount requested \$ Board Dollar amount requested \$						
Fees Dollar amount requested \$ Books Dollar amount requested \$						
Room Dollar amount requested \$						
Supplies or equipment required for enrollment Dollar amount requested \$						
PART 3: FOSTER CARE INFORMATION						
Are you in foster care now? County of Foster Care Case (if known)						
Yes No						
Caseworker Name (if open foster care case)						
PART 4: CERTIFICATION						
By signing this application, I certify that I have read and understand all parts of this application and give permission to Michigan Education Trust (MET) and Department of Human Services (DHS) 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 MET and DHS staff my academic record and any other information, as needed, related to my academic progress during my academic career.						
I understand that my grades and participation in the MET Fostering Futures Program will be reviewed at the conclusion of every semester. If I have met the conditions of this agreement and of the college or university's standards for academic progress and behavior, I may be eligible for future scholarships and I understand that I must apply each semester. 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.						
My signature also authorizes MET to release funds to the college indicated on this application as appropriate according to the terms and conditions of the MET contract.						
Signature of Student					Date	
Did you remember to attach the following required	documents:			I		
Fostering Futures Scholarship Application Supporting Documentation of Need						
Financial Aid Information						
SEND COMPLETED FORM AND REQUIRED DO Michigan Education Trust PO Box 30198 Lansing MI 48909 Fax: (517) 373-6967	CUMENTATION TO:	-				

*PLEASE ALLOW TWO (2) WEEKS TO RECEIVE A REPLY FROM MET.