FOSTER YOUTH TUITION WAIVER FOR CURRENT AND FORMER FOSTER YOUTH RECIPIENTS

Instructions: Students seeking this tuition waiver must complete and return the tuition waiver with supporting documents to Registrar's Office. All fields must be completed or form will be returned to you unprocessed (must meet all three criteria): Avoid entering personal information on public computers and/or public wireless access points. **Term:** Fall ☐ Winter ☐ Spring ☐ Summer ☐ Year _____ Campus ____ Undergraduate Major ______ Date FAFSA Submitted ___ / ___ / ____ Year Have you previously applied and received the CSU Foster Youth Tuition Waiver? Yes \(\sime\) No \(\sime\) If Yes, when \(\sime\) PART A: STUDENT'S INFORMATION First Student ID No. Middle _____ Email _____ Phone Number _____ Permanent Address: Street Address _____ City ______ State _____ ZIP _____ PART B: ELIGIBILITY REQUIREMENTS Check to confirm that the following applies to you and provide the requested information (must meet both criteria): ☐ I will be 25 years or younger by the first day of the academic year; ☐ I have been in foster care for at least 12 consecutive months after reaching 10 years of age. All applications must also meet at least one of the following requirements: ☐ Is under a current foster care placement order by the juvenile court. Was under a foster care placement order by the juvenile court upon reaching 18 years of age. ☐ Was adopted, or entered quardianship, from foster care.

REQUIRED: Please provide the following information: (a) a copy of a juvenile dependency court document indicating foster care in child welfare system or adoption/guardianship from foster care; or (b) documentation from county social services confirming you were

under the care of the Department of Social Services.

DECLARATION OF TRUE AND ACCURATE INFORMATION:

I, the undersigned, declare under penalty of perjury that the information I provided on this form is true and accurate. I understand that this information will be used to determine eligibility for the Foster Youth Tuition Waiver.

FULL NAME	STUDENT ID NUMBER	EMAIL ADDRESS	
SIGNATURE			DATE

For more information or questions regarding the application process, visit:

FOR CSU CAMPUS USE ONLY					
Form Processed By:	Date	Approved	Denied		