

State of Illinois
Department of Children and Family Services
Application for Community College Payment Program Funds

Program Information

The Community College Payment Program is used to pay tuition, fees, required books, supplies, uniforms and equipment for classes and/or programs that are **not** covered by financial aid grants at the student's '**in district**' community college. If the student is enrolled in Career and Technical Educational program requiring specific items available in the college bookstore, this form may be used for those items in addition to the tuition, fees, required books and school supplies.

This application is not to be used in place of FAFSA grants. This form cannot be used to pay 'out of district' tuition, classes that were dropped or not completed, items that are not required by course (s) student are enrolled in, or previous fiscal year charges. Please verify with the college prior to enrollment that the student meets the residency requirement to be considered an 'in district' student.

Eligibility Requirements

- A. The Department must have court ordered legal responsibility for the youth at the time classes or program begins;
- B. The youth must have completed a Free Application for Federal Student Aid (FAFSA) for the current academic year within the required deadlines set by the college and state and must complete all necessary forms and provide documentation requested by the college in order to receive financial aid at the college (If applicable);
- C. The youth must be accepted for enrollment in their '**in district**' community college;
- D. The youth must make Satisfactory Academic Progress (SAP) as per the college's definition; and
- E. The youth must read and sign the service agreement portion of this application.

Program Requirements

Use of this application is limited to the following situations:

- A. When financial aid is not available either because the program is not financial aid eligible or the classes are not eligible for financial aid per the college;
- B. When student is not eligible for financial aid because they have not graduated from high school or are not a US citizen or eligible non-citizen;
- C. When the student is using financial aid at another college so does not have financial aid at the community college;
- D. When it is the summer semester and student has used all available FAFSA related grants;
- E. When it is being used for books and required supplies only;
- F. When the student has used all available MAP and/or Pell credit hour eligibility; and
- G. When the student is on financial aid suspension – (copies of denial of financial aid appeal and record of extenuating circumstances must be submitted with the application)

Application Process

A Complete application must be submitted to the Community College Payment Program Coordinator **at least 30 days prior** to the classes or program beginning. Submit completed application to:

DCFS/OETS, Community College Payment Program, 2001 NE Jefferson Ave, Peoria, IL 61603,
Fax 309-671-7946, Email: ETV.coordinator@illinois.gov

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Student's Name _____ DCFS ID# _____

Date of Birth _____ School Student ID# _____

Student's current address _____

City _____ State _____ Zip _____ Phone _____

Student's Email _____

Permanency worker _____ Agency _____

Phone _____ Email _____

Date classes or program will begin _____

Name of community college _____

The following items **must** be submitted with application packet:

(Place a check in the box to verify that the attachment is included with the packet when submitted)

- Current Schedule Previous Grades OR Transcript instead of schedule and grades
- No previous grades as first time post-secondary student
- Financial Aid Denial of Appeal Letter and documentation of extenuating circumstances (if applicable)

Community College Payment Program shall be used only for the following reasons:

(Please check the box to designate the reason this form is being used)

- No financial aid because the program is not financial aid eligible
- No financial aid because class is pre-credit, remedial, or foundational
- Student not eligible for financial aid because not a citizen or eligible non-citizen
- Student not eligible for financial aid because does not have high school diploma or GED
- Student is using financial aid at another college so not financial aid eligible at community college
- Summer semester and student has used all available financial aid
- Books and required supplies only
- Student has used all available MAP and/or Pell credit hour eligibility
- Student on financial aid suspension – (copies of the denial of financial aid appeal and record of extenuating circumstances must be submitted with this application)

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SERVICE AGREEMENT

Do not sign this Service Agreement until you have **read** and understand its content. Refer any questions you have about the agreement to your Permanency Worker.

By using the Community College Payment Program I, _____ agree to do all of the following:

- Enroll in an **'in district'** Illinois community college;
- Complete FAFSA (Free Application for Federal Student Aid) each January for financial aid and designate on the FAFSA form the institution (s) I am planning to attend;
- Submit to college **ALL** requested documents for registration, admissions, and financial aid;
- Complete form CFS407-3 with my Permanency Worker **30 days prior** to classes or program beginning;
- Maintain a "C" average or make Satisfactory Academic Progress (SAP). I understand that if my grades fall below a "C," my Permanency Worker may require that I enroll in tutoring and/or I may not approved to use this funding in the future;
- Provide an official copy of my class schedule and grades to my Permanency Worker within two weeks after I receive them. I understand that if I fail to do this that I may not be eligible for ongoing participation in the program; and
- Cooperate with my Permanency Worker. Cooperation includes but is not limited to my participation in the development of my service plan, completing the tasks established in my service plan, adhering to the in-person and telephone schedule of contacts with my Permanency Worker, completing required health exams, and providing the required health and academic documentation to my Permanency Worker for inclusion with my service plans submitted for administrative case reviews.

I will receive the following BENEFITS as a participant in the Community College Payment Program if I fulfill the conditions listed above:

- Payment of **'in district'** community college tuition, fees, and books not covered by financial aid grants **if I complete the program/classes**; and
- Services and assistance as required from my permanency worker and/or DCFS Education Advisor.

I understand that:

- I am only eligible to receive assistance from the Community College Payment Program if there is no financial aid available for the classes and/or program that I am enrolled in;
- I am responsible for participating in educational support/tutoring offered by my school in order to maintain a "C" average and Satisfactory Academic Progress (SAP);
- **It is my responsibility to formally withdraw from classes that I cannot complete within the time required by the college I am attending. Withdrawing from classes may result in charges to my student account;**
- **DCFS will not pay** any debt that I incur while in the Community College Payment Program. I am responsible for payment of any debt including charges for classes dropped, repayment of MAP and/or Pell grants to the college and/or US Department of Education received if classes are not completed or loans that I accepted;
- If I fail to comply with any of the Community College Payment Program requirements, I may not be eligible for current and/or future benefits of the program; and
- **I am giving permission to the college to release financial, academic, and attendance information to the DCFS Community College Payment Program.**

Applicant's Signature: _____ Date: _____