

**Cabinet for Health and Family Services
Department for Community Based Services**

**Application for Education Assistance
For youth committed to CHFS/DCBS**

Name of student _____ County of commitment _____

Birth date _____ Region of commitment _____

Social Security no _____ Case no _____

Student phone number _____

Period for which education assistance is requested _____

Name of school attending _____

Student classification _____ Course of study _____

Grade point average: cumulative _____ Previous semester _____

Tuition _____ Tuition waiver _____

Dormitory _____ Pell Grant _____

Books _____ KEES _____

Meal plan _____ CAP _____

Fees _____ Work Ready Scholarship _____

Supplies _____ Kentucky Tuition Grant _____

Other _____ Student loan _____

Other _____

Total expenses _____

Total resources _____

Deficit _____

Surplus _____

Funds to be paid directly to student

Funds to be paid directly to school

Student address:

School address:

Student signature _____ Date _____

Independent Living Specialist _____ Date _____

Chafee Program Administrator _____ Date _____