DPP-333
(Rev. 07/02)
922 KAR 1:450

TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

SECTION 1 — APPLICANT INFORMATION

FULL NAME: *please print*		
ADDRESS *number, street, apt. #* CITY STATE ZIP		
PHONE NUMBER: ( )	DATE OF BIRTH: *month/date/year* / /	SOCIAL SECURITY NUMBER: - -
FOSTER OR ADOPTIVE PARENTS' FULL NAMES: FATHER: *first* *middle* *last* MOTHER: *first* *middle* *last* *maiden*		
DATE OF HIGH SCHOOL GRADUATION ☐ OR GED CERTIFICATE ☐:		
DATE OF ENTRY TO INSTITUTION:		

Student requests waiver under the following conditions *(check all that apply)*:

☐ Is currently committed and placed in foster care by the Cabinet for Families and Children.
☐ Is in an Independent Living Program funded by the Cabinet for Families and Children.
☐ Was in the permanent legal custody of the Cabinet for Families and Children prior to being adopted and the family received state-funded adoption assistance.
☐ Was in the legal custody of the Cabinet for Families and Children on his or her eighteenth (18th) birthday.

Has the applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?

_____ Yes _____ No If "Yes", when? _____

Release of this information shall not constitute a breach of confidentiality required by KRS 199.570 and 620.050. I agree to the release of the above-referenced information to the post-secondary institution.

☐ I agree to provide the Cabinet for Families and Children the date of my graduation.

_____ _____
Student or Guardian Signature Date

SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST

I am requesting that the information in Section 1 be verified to determine the eligibility of the above named applicant.

Bluegrass Community & Technical College College 164 Opportunity Dr. Bldg C. Lexington, KY 40503
Name of Institution Address of Institution

(859)246-6747 _____ Chassity L. Holliman
Phone number Date Institution Contact Person (Please print)

SECTION 3 – TUITION WAIVER VERIFICATION

CABINET FOR FAMILIES AND CHILDREN
ATTN: Tuition Waiver
275 East Main Street Mail Drop 3 C-E
Frankfort, KY 40621
502-564-2147 or 800-232-5437
(FAX: 502-564-5995)

____ **ELIGIBLE** ____ **INELIGIBLE**

If ineligible, you have the right to appeal in accordance with 922 KAR 1:320.

_____ _____
SIGNATURE OF AUTHORIZED PERSON DATE

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

Section 1:

Completed by the student

Please include all information as follows:

- Student's first, middle and last name;
- House number, street name, city, state and zip code;
- Phone number, including area code;
- Month, day and year of birth;
- Social Security number;
- Foster or adoptive father's full name, including middle name or initial and foster or adoptive mother's full name including maiden name;
- Indicate date of high school graduation or GED Certificate;
- Indicate date student will or did first enter a public post-secondary institution;
- Indicate whether student has previously applied for and received the waiver;
- Check the correct eligibility criteria box;
- Check box for release of information; and
- Sign and date the form.
- Turn the form in to the public post-secondary institution the student will attend

After completion of Section 1, the student information section of the form, turn the form in to the public post-secondary institution.

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Families and Children.

- Verifies eligibility criteria. Marks the appropriate box;
- If the applicant meets the eligibility criteria, the Cabinet signs the form and mails it to the post-secondary institution within thirty (30) working days from the date of receipt from the requesting institution and mails a copy to the applicant;
- If the applicant does not meet the eligibility criteria and is found ineligible, the Cabinet returns a copy of the signed form to the post-secondary institution mails a copy to the applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action and the DPP-154, Service Appeal Request.