



## Passport for Foster Youth Scholarship Consent Form

The Passport for Foster Youth Program assists you on your journey toward a post secondary education and provides scholarships and college support services so you can meet your higher education goals.

***If you meet the below criteria, please sign and return this form to receive more information about participating in this program.***

You are eligible for the scholarship and other campus-based support services if you were a dependent of the State of Washington and in foster care on your 18<sup>th</sup> birthday on or after 1-1-07 and you:

- Spent at least one year in foster care after your sixteenth birthday;
- Are a resident of Washington State;
- Are or will be enrolled at least half-time in an eligible institution of higher education in Washington state by the age of twenty one;
- Have not yet earned a bachelor's or professional degree; and
- Are not planning to pursue a degree in theology.

### STUDENT INFORMATION

Name	Date of Birth
Address	Phone Numbers
Street:	Home: (       )
City:                      State:                      Zip:	Cell: (       )
	May we text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address	Social Security Number (optional)

I authorize DSHS to release and receive information regarding my foster care status, college enrollment, financial aid, and academic standing including grades with the Washington Student Achievement Council – the agency administering the program; and Passport eligible institutions and colleges. I understand I may be asked for additional information from the Washington Student Achievement Council.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For more information contact:

Washington Student Achievement Council

Attn: Dawn McAferty

PO Box 43430

Olympia, WA 98504-3430

FAX: 360-753-7808

E-mail: [passporttocollege@wsac.wa.gov](mailto:passporttocollege@wsac.wa.gov)

Phone: 1-888-535-0747 option #5