



Foster Youth Rising Grant Application

Goal

The goal of the Foster Youth Rising grant is to provide financial assistance to current and former foster to help them thrive.

Who is eligible?

Be a current or former foster youth, aged 17 to 25, who was a dependent or ward of the court, living in foster care, at some point in time. Preference is given to individuals enrolled in a university, community college or vocational school program.

What can I use the money for?

Funds can be used for costs related to **EDUCATION, HOUSING, JOB TRAINING and DEVELOPMENT, and BASIC LIVING EXPENSES** such as tuition, books, fees, transportation, basic living needs while attending college or job training, and/or for housing related costs that help you to become stable and able to support yourself.

How do I apply?

Complete the application that is attached. Make sure your application is complete and has all supporting documents. For questions please contact us at 415-938-4577. Send all completed applications to:

Foster Youth Rising
PO Box 720050
San Francisco, California 94172

Or email scanned applications and additional documents to: info@fosteryoutrising.org

What else do I need to know?

You can get one grant per calendar year. However, if you applied earlier this year and did not receive a grant, you can apply again.

All grants will be paid directly to your school, landlord or vendor. When this is not possible, you will receive a check in your name and will need to give us the receipts within 30 days. Grants given to you will not affect your financial aid, but are considered part of the money that you pay taxes on.

IMPORTANT: Please remember to pay taxes on this money in April.

Our goal is to fill the gaps in funding available to former foster youth. You should make sure that you have worked with your ILSP education/employment specialist and/or your social worker to make sure

that you have taken advantage of existing support. You must give us proof of getting other grants, scholarships, and any other financial support you receive. If you have been denied other forms of financial support you applied for, please give us documents to show this. If you have questions about other sources, please contact San Francisco ILSP. You will need to show that you have filed or are filing the Free Application for Federal Student Aid, or FAFSA.

File online at www.fafsa.ed.gov or get a form from your school. If you are eligible for the Chafee grant, you must apply separately. For more information, visit <http://www.chafee.csac.ca.gov/>.

We will ask for proof of your need, including bills and/or receipts. For example, you will be asked to give us a copy of an unpaid bill for your books or fees.

What if I have questions about the program? You can contact us at (415) 938-4577 or info@fosteryouthrising.org.

FOSTER YOUTH RISING GRANT APPLICATION

Please type or print clearly.

Personal Information

Name _____ Date of Birth _____

County/State that has your foster care records: _____

Address _____
Street Apt. # City State Zip

Best Telephone to Reach You: _____ Email: _____

Name and telephone of a person who can always reach you: _____

No. of Children/Ages: _____

Income Source(s) (Check all that apply):

- Work
- CalWorks/TANF
- SSI
- PAES
- Disability (DIB)
- Unemployment (UIB)
- General Assistance (GA)
- Social Security
- Financial Aid
- Scholarships
- Other (please specify) _____

How will you use this grant? Please explain in detail exactly what you would like to use the grant for?

How much money are you requesting? _____

Education and Employment

Are you currently (check all that apply):

- A full-time student
- A part-time student
- Employed full-time
- Employed part-time
- Unemployed
- Other (please describe): _____

Are you currently attending or enrolled to attend one of the following?

- High School 2-year College 4-year College Graduate school
- Vocational school Other _____

What is the name of the school you attend?

What is your major or what are you studying?

How many credits have you received towards your Bachelor's, Associate's, or other degree? _____

What is your educational or career goal?

If you are not currently in school, but are planning to get more education, please give us the name of the college/university/vocational school you plan to attend and when you will begin:

If employed, where do you work? _____

Extra-Curricular, Community Activities, and Awards

Please list your involvement in any service organizations, religious groups, political work, sports teams, etc. List your current or most recent activity first. Include any awards received.

ACTIVITY	ORGANIZATION & LOCATION	DESCRIPTION OF ACTIVITIES	DATES (MONTH/YEAR)

Personal Essay (2 page limit)

Please tell us about your personal, educational and career goals. How would this grant help you to achieve your goals? How has your experience in foster care affected these goals? Please limit to 2 pages. **Please attach as a separate sheet.**

Your Needs & Expenses

Please complete the budget form for your request. Please remember that **all** of your income will be checked by us. Please make sure to include all of your monthly income as well as your expenses. Please contact us if you have questions. Please make sure to attach the following:

1. Financial aid award letter for the current school year.
2. Proof that you are enrolled in school, such as current semester class list.
3. Transcripts for the last semester you were enrolled in school.

Your Monthly Budget

Part I – Your Income

Your Monthly Income	What You Get
Monthly Money from Work	
Monthly Money from Benefits	
Monthly Food Stamp Benefits	
Total Monthly Income (Box 1)	
Your Financial Aid/Scholarship	What You Get
Financial Aid amount received for this entire school year	
Scholarships amount received this entire school year	
Chafee Grant Amount Received/Anticipated for this entire school year	
Total Annual Financial Aid/Scholarships	

Part II – Your Expenses

Your Educational Expenses	What You Pay
Tuition for the year	
Rent or Dorm fees for this year	
Books for the year	
Other educational costs	
Total Annual Education Expenses	
Total Monthly Education Expenses (Box 3) (divide 'Total Annual Education Expenses' by 12)	
Your Monthly Living Expenses	What You Pay
Utility Bill – PG&E	
Phone Bill	
Food	
Transportation Costs	
Total Monthly Living Expenses (Box 4)	

References

Please submit the name, address, email, and telephone number for one reference who can speak on your behalf. These can be teachers, current or former employers, case workers, your CASA worker, etc. Please, no relatives or friends.

Reference 1 Name:

Relationship to you: (employer, CASA, etc.):

Address

Telephone and Email Address

Authorization for release of information to the Friends of SFILSP

I, _____, an applicant to the Foster Youth Rising Grant, do hereby authorize _____ to furnish income verification information, including salary, fringe benefits, work schedule, financial aid, and public assistance to the Foster Youth Rising. This information will be maintained in confidence and is for the sole use of verifying income. My signature below indicates that I have been informed and understand the information contained on this form.

Participant Signature _____

Date _____

Please sign only one of the statements below. *Your decision will not affect your eligibility for a grant.*

I DO GIVE PERMISSION to use my name and information in telling donors and other people about Foster Youth Rising.

Participant Signature _____

Date _____

I DO NOT GIVE PERMISSION to use my name and information in telling donors and other people about Foster Youth Rising.

Participant Signature _____

Date _____