



Passport to College Scholarship and Assistance Consent Form

The goal of the Passport to College Program is to assist you on your journey towards postsecondary education and to provide 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 in the envelope provided to receive more information about funding and to participate in this program.

You are eligible for the scholarship and other assistance if:

- ❖ You were a dependent of the state of Washington and in foster care on your 18th birthday on or after 1-1-07 and:
 - ✓ 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

(place student label here)

Name:	Date of Birth:
Address: (if different from label)	Phone Numbers: Home: Cell:
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 Higher Education Coordinating Board – the agency administering the program; and Passport eligible institutions and colleges. You may be asked for additional information from the Board.

Student Signature: _____ Date: _____

To receive more information, please mail or fax this document to:

Attn: Dawn Cypriano-McAfee
Higher Education Coordinating Board
PO Box 43430
Olympia, WA 98504-3430

Fax: 360-704-6246
E-mail: dawnc@hecb.wa.gov
Questions: 360-753-7846