

**State of Connecticut  
Department of Children and Families**



**Statement of Financial Assistance for Post-Secondary Education**

Youth  
Address  
City, State, Zip

Date

Re: Name,    Date of Birth: [Click here to enter text.](#)

Dear [Click here to enter text.:](#)

This is to inform you that you have been approved to receive services from the Department of Children and Families while you remain eligible, pursuant to DCF Policy 42-4, "Post-Secondary School Education Expenses."

At this time, the Department of Children and Families has approved payment to **(NAME OF SCHOOL)** for tuition and fees for the (            ) school year up to the Connecticut State University "Cost of Attendance" rate for the current State Fiscal Year. Any remaining balance will be your responsibility. Please provide a bill as well as your financial aid award letter for the **(Fall/Spring)** semester to me as soon as possible so it can be processed for payment.

Please note that you must remain a full time student in good academic standing for continued eligibility of educational services. As part of maintaining eligibility, you are required to submit a copy of your current semester/trimester/quarter grades/transcript within 30 days after the semester/trimester/quarter ends. You must contact me at once regarding any change in your educational status.

If you have any questions please contact me at [Click here to enter text.](#).. My fax number is [Click here to enter text.](#).

Sincerely,

Name  
Adolescent Specialist  
Department of Children and Families

Address  
Address