**Region 7 Brighter Star Application for Youth in Out-of-Home Care**

**NOTE: Instructions for completing the application are on page 1. The actual application is on page 2.**

**This application for youth that reside, aged out of care, or are going to school in Region 7. Region 7 includes Polk, Burnett, Washburn, Sawyer, Rusk, Taylor, Price, Douglas, Ashland, Bayfield, Iron, and Barron. For contacts to the other regions can be found at** [**https://dcf.wisconsin.gov/youthservices/college**](https://dcf.wisconsin.gov/youthservices/college)

**Eligibility Requirements:**

To qualify for a Brighter Star Program, the applicant must be age 22 or less and meet the following criteria:

1. Exited court-ordered (Ch. 48 or 938) out-of-home care (OHC) placement (kinship, foster home, group home or residential care center):
   1. at age 18 or older; or
   2. through court-ordered Ch. 48 guardianship after attaining the age of 16; or
   3. through adoption any time after attaining the age of 16; or
   4. in another state at age 18 and became a permanent resident of Wisconsin prior to attending a Wisconsin postsecondary institution.
2. Has been accepted into an accredited postsecondary institution (e.g. college, vocational, or technical program) at the time the application is submitted. This institution may be in Wisconsin or another state.

Scholarships may be awarded up to the cost of attendance, housing, books, transportation, and education materials may not exceed $5,000. Funds for all **will be paid directly to the institution or vendor**. Funds may not be used for outreach, enrichment, special student programs, or any other program participation costs. Unused funds will be returned to DCF.

**Instructions:**

This form must be fully completed for scholarship consideration. A new form must be completed for each award requested. In addition, **one of the following documents must accompany the application:**

* For first time applicants, a copy of the acceptance letter or course registration from the institution of higher education.
* For applicants previously receiving this scholarship award, proof of successful completion of the prior semester(s). A copy of grades and / or college credits earned during the period in which this scholarship was received.

Applicants will be informed if their application is incomplete and asked to provide the missing information.

**Submission:**

The application and any supporting materials must be submitted to Workforce Resource Inc. Application can be emailed to [brighterstar@workforceresource.org](mailto:brighterstar@workforceresource.org) or mailed to 24467 Hwy 35/70 Siren WI 54837. If you have questions call Crystal Meier at 877-711-9390 ext 2710 or 715-619-6001.

Note that the TRAs provide a number of services that applicants eligible for the DCF Scholarship are also eligible for (e.g. employment support, housing assistance). Applicants may benefit from and want to access these services, but are not required to inquire about or receive any of those additional services if they do not want to.

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| Name – Applicant (Last, First, MI) | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | | | | | | Student ID Number | | |
| Any Other Names By Which You Have Been Known | | | | | | | | | | | | | | | | | | | Date of Birth | | |
| Current Mailing Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | Telephone Number | | |
| Email Address | | | | | | | | | | | | | | | | | | | County of Residence | | |
| Hispanic / Latino  Yes  No | | | | | | Race (Check all that apply)  White  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  Other | | | | | | | | | | | | | | | |
| Last Grade Completed | | | | | | | | | | | | | Date of Completion (mm/dd/yyyy) | | | | | | | | |
| Name – Last School Attended | | | | | | | | | | | | | | | | | Location of Last School Attended (City, State) | | | | |
| **SEND SCHOLARSHIP AWARD TO:** | | | | | | | | | | | | | | | | | | | | | |
| Name – College or Technical / Vocational School | | | | | | | | | | | | | | | | | | | Telephone Number – Business Office | | |
| Business Office Mailing Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | |
| Date of Enrollment | | | | | Major Field / Training Area | | | | | | | | | | | | | | | Scholarship Amount Requested  $ | |
| Indicate the Time Period of the Scholarship (Choose one) | | | | | | | | | | | | | | Education Costs for Period of the Scholarship Request | | | | | | | |
| Entire school year  Fall semester  Spring semester | | | | | | | | | | | | | |  | | Tuition and Fees: | | | $ | |  |
| Other: | From: | | |  | | | To: | |  | |  | | |  | | Books: | | | $ | |  |
|  | |  | | (mm/dd/yyyy) | | |  | | (mm/dd/yyyy) | |  | | |  | | Total Cost: | | | $ | |  |
|  | | | | | | | | | | | | | |  | | | | |  | |  |
| Other Financial Resources Applied for or Receiving (Check all that apply) | | | | | | | | | | | | | | | | | | | | | |
| Other Education and Training Voucher Funds | | | | | | | | | | $ | | | | |  | | | | | | |
| Savings | | | $ | | | | | Family Support | | | | $ | | | | | |  | | | |
| Grants | | | $ | | | | | Loans | | | | $ | | | | | |  | | | |
| Work Study | | | $ | | | | | Other | | | | $ | | | | | |  | | | |

Scholarship awards are non-transferable. Additional funding for costs associated with postsecondary education or training may be available. For more information, contact the Independent Living Coordinator Crystal Meier at 877-711-9390 ext 2710.

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| County or Tribe Supervising Your Out-of-Home Care Placement | | Name – County, Tribe or Worker | |
| Yes  No | I understand that continued eligibility for the Brighter Scholarship Program is dependent upon satisfactory performance. I also understand that I am required to submit proof of performance for subsequent applications and awards. | | |
| Yes  No | Permission granted to exchange and release information regarding educational, financial aid and/or billing records as requested by the Brighter Scholarship program through Workforce Resource the purpose of postsecondary education funding. In addition permission to release and/or exchange information pertaining to my academic needs and / or support. | | |
| Yes  No | Brighter Star or the campus may contact me regarding opportunities related to foster youth alumni. | | |
| **SIGNATURE** – Applicant | | | Date Signed (mm/dd/yyyy) |