

Alumni Transition Grant Program (ATGP) Application for Funds

This application and documentation are required for consideration in the Alumni Transition Grant Program (see ATGP Eligibility Requirements section below). Awards are made for complete applications on a first come, first served basis, within available DHHS resources. Once all available slots are awarded, eligible individuals will be placed on a waiting list. Completed applications and supporting documentation must be returned to:

Dulcey Laberge, OCFS Youth Transition Specialist, Office of Child and Family Services, 2 Anthony Avenue, SHS 11, Augusta, ME 04333, dulcey.laberge@maine.gov, tel: (207) 446-4227, fax: (207) 287-6156.

Date of Application: _____

Please indicate one of the following:

Initial ATGP Application

Renewal ATGP Application

Applicant Information:

Name (Last, First, Middle): _____

DOB: _____

Medicaid # (A#): _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Email: _____

Name of Postsecondary Institution: _____

Anticipated graduation date: _____

Academic major (if declared): _____

Required Documentation:

All documents must be attached to this application to be considered for review.

Release of Information Form (*see end of this ATGP Application*)

Proof of FAFSA filing

Proof of enrollment in a postsecondary education undergraduate program. Proof of enrollment includes upcoming class schedule or a letter of enrollment from the postsecondary educational institution or eligible training program.

Documentation of grades showing continued satisfactory progress (2.0 GPA); or, if on academic probation, provide a formal plan to exit probation that has been accepted by the postsecondary institution.

ATGP Program Eligibility

The ATGP is governed by Maine law as set forth in 22 M.R.S. § 4010-C and 10-144 C.M.R. Ch. 577, Alumni Transition Grant Program Rules.

The ATGP provides financial assistance and support to eligible young people who aged out of foster care to complete his or her postsecondary education.

An eligible individual must have:

- Been in Maine's foster care system at age 18; and
- Exited Maine's Voluntary Extended Care and Support (V9) Agreement at age 21; and
- Been enrolled in a postsecondary education program when the V9 ended at age 21; and
- Not yet attained his or her 27th birthday.

The level of financial support provided to ATGP recipients will be equivalent to the current voluntary extended care and support (V9) agreement pursuant to section 4037-A and in accordance with DHHS Office of Child and Family Services policy (V.T. Youth Transition Policy) and as determined by completion of the *ATGP Student Budget Form*.

The ATGP will provide financial support to eligible students for postsecondary support up to the completion of an undergraduate degree, and will not exceed 6 years for the completion of a 4-year undergraduate Bachelor's Degree; 4 years for the completion of a 2-year undergraduate Associate's Degree; and 4 years for the completion of a postsecondary training program designed to prepare students for gainful employment in a recognized occupation.

An ATGP Navigator will work with ATGP recipients to provide postsecondary education support during the grant period.

Privacy Policy

Protecting the privacy of your personal information is important to us at the Office of Child and Family Services. In the process of supporting you through the ATGP, we will collect personal information about you on applications, correspondence, communications, and other forms as well as relevant school and financial information.

We do not disclose any personal information about you to anyone, except as permitted by law and in order to provide service to you. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations to safeguard your personal information.

Applicant Signature and Certification

I hereby certify that all of the information set forth on this form is true, correct and complete.

Signature of Applicant

Date

**Release of Information
For the Alumni Transition Grant Program (ATGP)**

Date: _____

Name: _____ DOB: _____

Greetings:

By signing this release, the above named individual is giving permission for the following Postsecondary Institution: _____ to release the following written and verbal information: FAFSA and other Financial Award; any fees or costs associated with the individual's attendance; grades and transcripts; class schedule; probation and disciplinary actions to: Dulcey Laberge, Department of Health and Human Services, Office of Child and Family Services, 2 Anthony Ave., Augusta, Maine 04333, dulcey.laberge@maine.gov, tel: (207) 624-7928, fax: (207) 287-6156.

By signing this release, the above named individual is also giving permission for DHHS to release information for the purpose of administering the ATGP to the following Postsecondary Institution:

_____.

Student signature (Date)

Witness signature (Date)

RELEASE EXPIRES ONE YEAR FROM DATE SIGNED