



PENNSYLVANIA CHAFEE EDUCATION AND TRAINING GRANT PROGRAM APPLICATION FOR 2010-11

The following information is needed so that your application can be considered for the Pennsylvania Chafee Education and Training Grant Program. Mail this application by **June 30** of the academic year for which a Chafee award is being requested to:

**PHEAA
State Grant and Special Programs
P.O. Box 8157
Harrisburg, PA 17105-8157**

Students who received a grant during the 2009-10 academic year through the Chafee Program do not need to complete this application for 2010-11,

1. Last Name	First Name	M.I.	2. Social Security Number						
3. Address (PO Box must be accompanied by a street address)		City	State Zip Code						
4. Telephone Number Home () Work ()		5. E-mail Address							
6. Date of Birth									
7. PA County which has your foster care records									
8. Previous Last Name (if applicable)		First Name	M.I.						
9. Previous Social Security Number (if applicable)									
10. Enter the 6-digit federal school code of the school you plan to attend for the 2010-11 school year. Federal school codes at: www.fafsa.ed.gov , in your college financial aid office, your public library, or by asking your school guidance counselor. (If you cannot get the federal school code, write in the complete name, address, city, and state of the college.)									
FEDERAL SCHOOL CODE		OR SCHOOL NAME _____							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								STREET ADDRESS _____	
		CITY _____ STATE _____							
11. HAVE YOU COMPLETED THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)? <input type="checkbox"/> YES <input type="checkbox"/> NO (The 2010-11 FAFSA must be completed prior to receiving any Chafee Grant funds. The 2010-11 FAFSA can be filed on-line at www.fafsa.ed.gov)									
<p><i>Certification Statement</i> I declare under penalty of the laws of the Commonwealth of Pennsylvania and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I authorize the Pennsylvania Department of Public Welfare's Office of Children, Youth and Families to release my student records, information regarding this application, including confidential information, and other information I have provided concerning my application to post-secondary institutions and appropriate public and private agencies. I also authorize and direct the post-secondary institution at which I am enrolled to release to the Pennsylvania Department of Public Welfare's Office of Children, Youth and Families and to public and private agencies that assist the Pennsylvania Department of Public Welfare in the administration of the Chafee Education and Training Grant Program any records or other information in the possession of the institution or any of its officers or agents which relate to my record at the institution or bear upon my eligibility for Chafee Education and Training Grant assistance.</p>									
12. SIGNATURE _____		TODAY'S DATE _____							

Internal Use Only

County Initials	Eligible	Assignment Number
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Pennsylvania Higher Education Assistance Agency
State Grant and Special Programs
P.O. Box 8157, Harrisburg, PA 17105-8157