

Connecticut Department of Children and Families
CONFIRMATION OF FINANCIAL ASSISTANCE
DCF-634
8/19 (Rev.)



Date:

College/University Name:

Address (No. and Street)

City

State

Zip

Re: (Youth Name):

DOB: OR Student ID#

To Whom it May Concern:

(Enter name of Student)

This is to inform you that the State of Connecticut Department of Children and Families is providing services to while he/she remains in good academic standing pursuant to DCF Policy 28-1, "Adolescent Services" and is in an approved educational program.

The Department of Children and Families' funding is limited to the Connecticut State University "Cost of Attendance" rate for tuition and fees for the (Enter school year):

school year. The total annual post-secondary funding shall not exceed the DCF funding limit which includes tuition, books, computer, living and housing expenses and any other cost associated to his/her post-secondary experience. Any remaining balance is the sole responsibility of the student. Please provide a bill for the (Fall / Spring) semester to me as soon as possible after financial aid is received so it can be processed for payment

(Enter Phone Number):

(Enter E-mail Address):

If you have any questions please contact me at
Thank you for your cooperation in this matter.

My e-mail address is:

Sincerely,

SW Name:

SW Title:

Department of Children and Families