

TUITION AND FEE WAIVER PROGRAM

Mail the complete packet to:
DCFS Tuition Waiver Program, 406 E. Monroe, Station #23, Springfield, IL 62701;
or Email the complete packet to: DCFS.TuitionWaiver@illinois.gov

Semester Requesting Tuition and Fee Waiver _____

PLEASE NOTE: After submitting the initial application, future requests for a tuition and fee waiver only require submission of the grade report for the semester a waiver letter was previously sent for and a schedule for the semester requesting a new tuition and fee waiver letter for.

Tuition and fee waiver recipients are required to be making progress towards completing his or her degree. The university or college will determine if the student satisfies this requirement.

Name _____ Age _____ Date of Birth _____
(Last) (First) (Middle)

List All Former Names: _____

Race: _____ Gender: Male Female

Address _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip Code)

Phone _____ / _____ Email
Address (REQUIRED): _____

DCFS Case ID Number _____ Adopted: Yes: Year _____ No

Guardianship: Yes: Year _____ No

DCFS Caseworker (If applicable) _____ Phone _____ / _____

Private Agency Caseworker (If applicable) _____

Phone _____ / _____

Signature _____ Date _____

APPLICANT CHECKLIST

Before submitting please ensure the following MANDATORY ITEMS are included. All documents must be sent in together, do not send as separate pieces or from different sources.

- Tuition and Fee Waiver Program form (CFS 438-A)
- College or University Schedule for semester requesting Tuition and Mandatory Fee Waiver; Schedule must include Student Name, Student ID, and Name of School