

Passport to Careers Program Consent Form

The Passport to Careers program assists you on your journey toward a postsecondary education or apprenticeship, and provides financial assistance and support services to meet your education and career goals.

You are eligible for financial assistance and other support services if you:

- Were in the care of the Washington State, tribal, or federal foster care system after age 15.*
*Requirement will change to after age 14 beginning in July 2019, and after age 13 beginning in July 2020.
- Are a resident of Washington State. If you are in ICPC and not a Washington resident, contact WSAC.
- Are or will be enrolled at least half-time in an eligible institution of higher education, or a recognized pre-apprenticeship or registered apprenticeship program in Washington State before turning age 22.
- Have not yet earned a bachelor's degree.
- Are not planning to pursue a degree in theology.

STUDENT INFORMATION

Name		Date of Birth	
Address		Phone Numbers	
Street:		Home: ()	
City:	State:	Zip:	Cell: ()
		May we text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Last Four digits Social Security Number (optional)	
		xxx-xx-	
Foster Care Placement Type (select one)			
<input type="radio"/> State Dependent	<input type="radio"/> Federal Refugee	<input type="radio"/> Tribal Dependent	
State:	Service Provider:	Tribe Name:	
Date of last placement:	Date of last placement:	Date of last placement:	

I authorize the recognized staff of the Department of Children Youth & Families, tribal foster care, federal foster care, SETuP, Labor and Industries, and any nonprofit organizations contracted with the Washington Student Achievement Council (WSAC) to provide verification of eligibility, services for the Passport to Careers program; to release and receive information regarding my foster care status, college pre-apprenticeship or apprenticeship enrollment, financial aid, and academic standing to and from WSAC and Passport-eligible colleges, pre-apprenticeship and apprenticeship programs. I understand I may be asked for additional information from WSAC, the program administrator.

Student Signature: _____

Date: _____

For more information, contact:
 Washington Student Achievement Council
 PO Box 43430, Olympia, WA 98504-3430
 Email: passporttocollege@wsac.wa.gov
 Phone: 1-888-535-0747, option 3, then select 1
 Fax: 1-360-704-6246