**CHAPTER 3: Maximizing Financial Aid for Foster Youth**

**Room and Board Payment Verification Letter (Template)**

* NOTE: This letter is for college-enrolled students with a foster care background.

• Please use school letterhead •

|  |
| --- |
| Student Name: |
| Student Identification Number: |

[DATE]

To Whom It May Concern:

Re: Student Campus Housing Payments

This letter is regarding [STUDENT’S FULL NAME], who is currently enrolled at [NAME OF SCHOOL] for the [SEMESTER + ACADEMIC YEAR], and attempting to complete [# OF CREDITS] hours. This student has applied to live in on-campus or approved off-campus housing for this semester. It has been brought to our attention that the referenced student is a youth in the care of [FOSTER CARE AGENCY] and therefore is eligible to receive financial support for housing and meal costs.

In order to expedite financial aid packaging and processing for this student, we request that an authorized representative from your agency complete and return this letter to our offices no later than [DATE]. Please include: 1) the estimated room and board payment amount; and, 2) the expected date for payment to be received by our offices.

Your prompt attention to this verification request will allow us to include this scheduled payment in the student’s financial aid package, and alleviate the need for the student to take out loans as placeholders for housing assistance. Additionally, this document will authorize a pending payment status in our financial aid packaging system, which will help the student avoid late fees and penalties, which may prevent students from making changes to their course loads, or participating in other campus activities until outstanding payments are addressed.

|  |  |
| --- | --- |
| Student’s Semester Request: | Student’s Housing Type: [SCHOOL FILLS IN] |
| * Fall [YEAR] | * On-Campus |
| * Spring [YEAR] | * Off-Campus |
| * Winter [YEAR] |  |
| * Summer [YEAR] |
| Semester Room & Board Cost: [SCHOOL FILLS IN] | Semester Meal Plan Cost: [SCHOOL FILLS IN] |

*Agencies: Please fill in the requested information below.*

|  |  |
| --- | --- |
| Agency Name: | Contact Name: |
| Phone: | Email: |
| Est. Agency Payment Amount: | Estimated Payment Date: |

|  |
| --- |
| Authorized Signature (Agency Representative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***NOTE: This letter must be accompanied by the following documents:***

* Bursar Invoice
* Semester Financial Aid Package
* Most Current Student Transcript
* Course Enrollment