## THE EDUCATION AND TRAINING VOUCHER APPLICATION

Shaded Area to be comp	pleted by IDHW Case Wo	orker or Designee	<b>)</b> :	
Youth's Focus ID	Region	_		
☐ First Application	☐ Second Application	☐ Third Applicati	on 🗌 Fou	urth Application
	□Transfer	Transfer		Transfer
PART 1: APPLICANT IN	NFORMATION .			
First Name	Las	t Name	MI _	
Current Street Address _				
City		State	Zip Co	de
Age Date of Bir	rth		☐ Male	☐ Female
Current Phone ( )		Email Address		
Employment				
☐ Work Full Time ☐ V	Vork Part Time	r		
Monthly Income \$	Source of Income			
Living arrangement du	ring the school year:			
Own Apartment	☐ Apartment w/roomma	te	n Relative/ Pa	rent
Live with friends	University Housing	Other –	describe	
Demographic Informati	ion			
<ul><li>☐ Alaskan Native</li><li>☐ African American</li><li>☐ American Indian</li></ul>		der Inknown Other (specify)		
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with you.)	ORMATION information for one or more		-	
			Zip Code	
	Email Addı		·	

	Last Name
Agency	Phone ( )
Last county/city and state in which	u were in foster care
Contact Information (for one pers	n who will always be able to get in touch with you)
First Name	Last Name
Street Address	
City	State Zip Code
Phone ( )	Email Address
PART 3: SCHOOL INFORMATION (Vocational/technical, community of  Type of School:	ege, junior college, or university)
PART 3: SCHOOL INFORMATION (Vocational/technical, community of Type of School:  Vocational/Technical	
PART 3: SCHOOL INFORMATION (Vocational/technical, community of Type of School:  Vocational/Technical	ege, junior college, or university) Community College
PART 3: SCHOOL INFORMATION (Vocational/technical, community of Type of School:  Vocational/Technical Four Year Institution Other (s	ege, junior college, or university)  Community College
PART 3: SCHOOL INFORMATION (Vocational/technical, community of Type of School:  Vocational/Technical Four Year Institution Other (s	ege, junior college, or university)  Community College

## **PART 4: EXPENSES AND FUNDING INFORMATION**

Education and Training Vouchers and any other Federal assistance may not exceed the cost of attendance or \$5,000 per year. The need for ETV funding is established by documenting expenses and disclosing other educational funding sources.

<u>Dates of School Attendance</u>		
From Month/Year	_ To Month/Year	
Cost of Attendance (total cost for total time period	of this application - not monthly)	
	Tuition and Fees	\$
	General School Supplies (books and required equipment)	\$
	Room and Board	\$
	Transportation Expenses	\$
	<b>Total Educational Expenses</b>	\$
Other Living Expenses:		
Child Care monthly cost	X mont	hs = \$
Purpose & monthly cost	X mont	hs = \$
Purpose & monthly cost	X mont	hs = \$
Total	All School and Other Expenses	\$
	~~~~~~	~~~~
Sources of Funding:		
Use of federal ETV funds requires Idaho y scholarships. Youth must apply through the program web site at <a href="http://www.fafsa.ed.gov/">http://www.fafsa.ed.gov/</a> .	•	•
Require	ed Information	
PELL Grant \$ If Pell	Grant has not been received	at the time of the
application, document anticipated amount or re	ason not to apply:	
1. Grant/Scholarship	Applied/Awarded \$	
2. Grant/Scholarship	Applied/Awarded \$	_
3. Grant/Scholarship	Applied/Awarded \$	
Total	All Funding Sources ¢	

PART 5: DATA COLLECTION AND REPORT	ING AGREEMENT
□ I GIVE	
□ I DO NOT GIVE	
information obtained through my participation reporting and evaluation for the Education	and Welfare, Children and Family Services, to use all on for purposes of gathering statistical information, and Training Voucher program. I understand the dential and will only be used for the purposes stated
X	X
X Applicant Signature	Date
Department of Health and Welfare (IDHW), information with identified individuals or servic purpose of assisting me in meeting my ed Voucher Program. Listed below are individuals exchange information with IDHW. I under	y Voucher Program, I give my permission to the Idaho Children and Family Services, to receive or release be providers involved in coordination of services for the ucational goals through the Education and Training luals or service providers that I give permission to restand the information gathered will be considered
confidential and only be used for the purpose a	is stated above.
2	
3	
4	
5	
X	X
Applicant Signature	Date of Signature

Note: This release will be in effect for a period not to exceed one year from the date of signature.

Shaded area to be completed by IDHW case worker or designee:			
Part 7: ETV Verification and Approval To verify a student's eligibility to participate in the Education and Tr check all that apply.	aining Voucher (ETV) Program,		
☐ Youth is between 17 and 21 years of age, has a high school diploma or equivalent, and is or will be attending a public or non-profit program that provides a bachelor's degree or not less than a 2 year program that provides credit towards a degree certification			
☐ Youth is attending an accredited or pre-accredited program that p training toward gainful employment	rovides not less that one year of		
Youth is or was eligible for services under Idaho's Chafee Foste having lived in an eligible placement for at least 90 days past his/her			
☐ Youth has aged out of IDHW foster care but has not yet turned 21			
Youth is or will be participating in the Education and Training V birthday and will remain eligible until the 23 <sup>rd</sup> birthday as long as satisfactory progress toward completing his/her postsecondary educ 2.0 or higher GPA.	he/she is enrolled and making		
Applicant Signature	Data		
Applicant Signature	Date		
X			
Caseworker Signature	Date		
X			
CFS Supervisor or IL Coordinator Signature	Date		
X			
CFS Program Manager	Approval Date		

## STUDENT APPLICATION CHECKLIST - DO NOT SUBMIT WITH APPLICATION

A copy of your current IDHW Independent Living Plan
A copy of the 1 <sup>st</sup> page (only) of the most current Ansell Casey Assessment
A copy of verification of your high school diploma or GED certificate if attending a college or university
For the initial ETV application, a letter of recommendation from your caseworker, foster parent, adoptive parent, mentor, or employer. The letter should focus on personal and academic performance.
A copy of the signed financial aid award letter (if applicable) or other proof of acceptance to the institution of higher education or vocational training program
Pell Grant  Award notice  OR  If notice of Pell Grant award has not been received, documentation of date when application was sent and anticipated amount
<u>OR</u>
Reason for not applying for Pell Grant
Official copy of transcript/grades for semester or quarter if already attending an institution of higher education
All pages of ETV Application completed
Documentation verifying that you have applied for at least 3 scholarships in addition to FAFSA and ETV.
Student Essay The essay question should answer the question "Where do I see myself in five years?" The essay should be no less than one page in length, doubled spaced, and typed.
For students who have completed more than one application, the essay should answer the question  "How has ETV supported me in meeting my educational goals in the last year?"  The essay should be no less than one page in length, doubled spaced, and typed.

Retain a copy of the application and supporting documentation for your records