

THE EDUCATION AND TRAINING VOUCHER APPLICATION

Shaded Area to be completed by IDHW Case Worker or Designee:

School Start Date _____ Date Sent to CO _____ Region _____
 First Application Second Application Third Application Fourth Application
 IL Plan Attached Pell Grant Information Included or Attached
Total ETV Amount Approved and/or Expended Prior to this Request \$ _____

PART 1: APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____
Current Street Address _____
City _____ State _____ Zip Code _____
Age _____ Date of Birth _____ Male Female
Current Phone () _____ Email Address _____
Monthly Income \$ _____ Source of Income _____
 Work Full Time Work Part Time Other _____

Demographic Information

Alaskan Native Asian or Pacific Islander
 African American Hispanic Unknown
 American Indian Caucasian Other (specify) _____

PART 2: CONTACT INFORMATION

(Please provide contact information for one or more persons who will always be able to get in touch with you.)

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone () _____ Email Address _____
Caseworker Information *(if applicable)*
Last Name _____ First Name _____
Agency _____ Phone () _____
Last county/city and state in which you were in foster care _____

Other Contact Information _____

PART 3: PERSONAL GOALS

What goals do you have for the next year? _____

What goals do you have for the next five years? _____

How will the ETV program help you achieve the goals you have set? _____

Living arrangement during the school year:

- Own Apartment Apartment w/roommate Live with Relative/ Parent
 Live with friends University Housing Other – describe _____

PART 4: SCHOOL INFORMATION

(Vocational/technical, community college, junior college, or university)

School Name _____

Address _____

City _____ State _____ Zip Code _____

Financial Aid Office Information

Financial Aid Administrator _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Email Address _____

Type of School:

- Vocational/Technical Community College Junior College
 Four Year Institution Other (specify) _____

College Major/Area of Study _____

PART 5: 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.

Dates of School Attendance

From Month/Year _____ To Month/Year _____

Cost of Attendance

Tuition and Fees \$ _____
General School Supplies \$ _____
(books and required equipment)
Room and Board \$ _____
(total cost for total time period of this application - not monthly)
Transportation Expenses \$ _____
Total Educational Expenses \$ _____

Other Living Expenses:

Child Care monthly cost _____ X _____ months = \$ _____
Purpose & monthly cost _____ X _____ months = \$ _____
Purpose & monthly cost _____ X _____ months = \$ _____
Purpose & monthly cost _____ X _____ months = \$ _____

Total All School and Other Expenses \$ _____

Sources of Funding:

Use of federal ETV funds requires Idaho youth to take advantage of other federal grants and scholarships. Youth must apply through the Free Application for Federal Student Aid (FAFSA) program web site at <http://www.fafsa.ed.gov/>.

Required Information PELL Grant \$ _____ If Pell Grant has not been received at the time of the application, document anticipated amount or reason not to apply: _____

Grant(s)/Scholarship(s) _____ Amount(s) \$ _____
 Grant(s)/Scholarship(s) _____ Amount(s) \$ _____
 Orphan Foundation of America (OFA) \$ _____ Amount(s) \$ _____
 State College Tuition Waiver or Transitional Living Allowance from another state \$ _____
 Other (specify) _____ \$ _____

Total All Funding Sources \$ _____

PART 6: DATA COLLECTION AND REPORTING AGREEMENT

I GIVE

I DO NOT GIVE

permission to the Idaho Department of Health and Welfare, Children and Family Services, to use all information obtained through my participation for purposes of gathering statistical information, reporting and evaluation for the Education and Training Voucher program. I understand the information gathered will be considered confidential and will only be used for the purposes stated above.

Applicant Signature

Date



Part 7: RELEASE OF INFORMATION

(To be filled out with your caseworker on approval for the ETV Program)

As a participant in the Education and Training Voucher Program, I give my permission to the Idaho Department of Health and Welfare (IDHW), Children and Family Services, to receive or release information with identified individuals or service providers involved in coordination of services for the purpose of assisting me in meeting my educational goals through the Education and Training Voucher Program. Listed below are individuals or service providers that I give permission to exchange information with IDHW. I understand the information gathered will be considered confidential and only be used for the purpose as stated above.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

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 Training Voucher (ETV) Program, check all that apply.

- 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 provides not less that one year of training toward gainful employment
- Youth is or was eligible for services under Idaho's Chafee Foster Care Independence Program, having lived in an eligible placement for at least 90 days past his/her 15th birthday
- 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 Voucher program on his/her 21st birthday and will remain eligible until the 23rd birthday as long as he/she is enrolled and making satisfactory progress toward completing his/her postsecondary education or training program with a 2.0 or higher GPA.

Applicant Signature

Date

Caseworker Signature

Date

CFS Supervisor or IL Coordinator Signature

Date

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 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 _____

- OR
 - Reason for not applying for Pell Grant _____

- Official copy of transcript for semester or quarter if already attending an institution of higher education
- All pages of ETV Application completed
- Data collection and reporting agreement
- Release of information

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