

# 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PART 4: SCHOOL INFORMATION**

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

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Financial Aid Office Information:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Sources of Funding:**

PELL Grant \$ \_\_\_\_\_  If Pell Grant has not been received, document when application sent and anticipated amount or reason not to apply: \_\_\_\_\_

\_\_\_\_\_

State College Tuition Waiver

Transitional Living Allowance \$ \_\_\_\_\_ Date Received \_\_\_\_\_

Orphan Foundation of America (OFA) \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**Type of School:**

Vocational/Technical  Community College  Junior College

Four Year Institution  Other (specify) \_\_\_\_\_

College Major/Area of Study \_\_\_\_\_

Idaho Department of Health and Welfare

**PART 5: EXPENSE INFORMATION**

**Dates of Attendance:** Beginning Month/Year \_\_\_\_\_ Ending Month/Year \_\_\_\_\_

ETV funds can be used to cover the "cost of attendance" as defined by section 472 of the Higher Education Act which may include expenses for rent, transportation, child care and some personal items. ETV funds cannot exceed the cost of attendance or \$5,000 per year. Once approved, the applicant is responsible for providing the Idaho Department of Health and Welfare (IDHW) with proof of expenditures.

Tuition and Fees	\$	_____
General School Supplies (books and required equipment)	\$	_____
Room and Board	\$	_____
Transportation Expenses	\$	_____
<b>Sub Total School Expenses:</b>	<b>\$</b>	<b>_____</b>

*Describe what your living arrangement will be during the school year:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Own Apartment     | <input type="checkbox"/> Apartment w/roommate | <input type="checkbox"/> Live with Relative/ Parent |
| <input type="checkbox"/> Live with friends | <input type="checkbox"/> University Housing   | <input type="checkbox"/> Other _____                |

**Child Care Expenses:**

Age(s) and number of children needing child care \_\_\_\_\_

\_\_\_\_\_ Hours per week in care per child \_\_\_\_\_

Cost per month \$\_\_\_\_\_ X \_\_\_ months = **Sub Total Child Care Expenses:** \$ \_\_\_\_\_

**Other Living Expenses** (per month)

Purpose \_\_\_\_\_ X \_\_\_ months = \$ \_\_\_\_\_

Purpose \_\_\_\_\_ X \_\_\_ months = \$ \_\_\_\_\_

Purpose \_\_\_\_\_ X \_\_\_ months = \$ \_\_\_\_\_

Purpose \_\_\_\_\_ X \_\_\_ months = \$ \_\_\_\_\_

**Sub Total Other Living Expenses = \$ \_\_\_\_\_**

**Total All Expenses: \$ \_\_\_\_\_**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Educational 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, 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 Chafee funded Education and Training Voucher Program. The following are those individuals or service providers that I give permission to exchange information. I understand the information gathered will be considered confidential and will 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 beyond the age of compulsory school attendance (age 18) and 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 current Chafee independent living program.
- Youth has aged out of IDHW foster care but has not yet turned 21
- Youth is or will be participating in the education/training voucher program on his/her 21<sup>st</sup> birthday and will remain eligible until 23 as long as he/she is enrolled and making satisfactory progress toward completing his/her postsecondary education or training program

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CFS Supervisor or IL Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CFS Program Manager

\_\_\_\_\_  
Approval Date

**APPLICATION CHECKLIST**

- A copy of your current or most recent transition living plan and service plan
- 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
- If Pell Grant has not been received, documentation of date when application was sent and anticipated amount, **OR** reason for not applying
- All pages of application completed
- A copy of verification of your high school diploma or GED certification if attending a college or university
- A copy of the signed financial aid award letter (if applicable), or letter, or other proof of acceptance to the institution of higher education or vocational training program. (Electronic version will be accepted pending receipt of signed letter)
- Data collection and reporting agreement
- Release of information
- Retain a copy of the application and supporting documentation for your records
- Official copy of transcript for semester or quarter if already attending an institution of higher education