

THE EDUCATION AND TRAINING VOUCHER APPLICATION

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

Youth's Person ID _____ Region _____ Date _____

1st Application 2nd Application 3rd Application 4th Application 5th Application

*Application modified January 28th, 2019

PART 1: APPLICANT INFORMATION

First Name _____ Last Name _____ MI _____

Current Street Address _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Male Female

Current Phone () _____ Email Address _____

Employment

Work Full Time Work Part Time Other _____

Monthly Income \$ _____ Source of Income _____

Living arrangement during the school year

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

Demographic Information

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



PART 2: CONTACT INFORMATION

Caseworker Information

First Name _____ Last Name _____
Agency _____ Phone () _____
Last county/city and state in which you were in foster care _____

Contact Information (for one person 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

Type of School

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

School Name

_____ Full Time Part Time
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Email Address _____

College Major/Area of Study _____

PART 4: EXPENSES AND FUNDING INFORMATION

Education and Training Vouchers 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 _____

	Fall	Spring	Summer	Notes
<u>COST OF ATTENDANCE</u>				
<u>Tuition/Fees:</u>				
Educational				
Vocational Training Program				
Other fees (technological, loan, lab)				
<u>Housing:</u>				
Room and Board on campus				
Rent-off campus				
<u>Books/Related Expenses</u>				
Books				
Supplies (software, pens, computer)				
<u>Other:</u>				
Transportation (Maint., gas, insurance)				
Personal (clothes, toiletries)				
Childcare				
Utilities (water, sewer, phone, internet)				
Food				
MISC. (Please Explain)				
Total	\$	\$	\$	Grand Total=\$

Total All School and Other Expenses \$ _____

Sources of Funding:

**Use of federal ETV funds requires Idaho youth to apply for the Free Application for Federal Student Aid (FAFSA).*

<u>SOURCES OF FUNDING</u>	Fall	Spring	Summer	Notes
PELL Grant				
Grant/Scholarship				
Grant/Scholarship				
Grant/Scholarship				
Loan:Unsubsidized				
Loan:Subsidized				
Other: Please Explain				
Total	\$	\$	\$	Grand Total=\$

Total All Funding Sources \$ _____

Anticipated Need (Expenses-Funding) \$ _____

PART 5: 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.

X

Applicant Signature

X

Date

PART 6: SERVICES RECEIVED

How did you hear about ETV?

- DHW Worker Non-DHW Caseworker Casey Family Programs School Counselor
- Foster Parent Impact Scholars College Employee Other _____



PART 7: RELEASE OF INFORMATION

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. _____

X

Applicant Signature

X

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 8: ETV VERIFICATION AND APPROVAL PART 1

To verify a student's eligibility to participate in the Education and Training Voucher (ETV) Program, please select you have verified **all three** below criteria have been met:

- Youth is between 14 and 26 years of age and has a high school diploma or equivalent
- 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 14th birthday
- Youth has aged out of IDHW foster care but has not yet turned 26, or the youth was in care and then adopted/entered a guardianship or was reunified *after* their 16th birthday

PART 8: ETV VERIFICATION AND APPROVAL PART 2

Verify which type of program the youth will be participating in by selecting one of the options below:

- Youth 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

Or

- Youth is attending an accredited or pre-accredited program that provides no less than one year of training toward gainful employment

*Youth will remain eligible until the 26th birthday as long as he/she is enrolled and making satisfactory progress toward completing his/her education or training program with a 2.0 or higher GPA.

X _____
Applicant Signature

Date

X _____
DHW Caseworker/Supervisor Signature

Date

Shaded Area to be completed by Central Office Staff Only

_____ application has been processed. I recommend _____ be awarded a _____ Education and Training Voucher. This recommendation is based on a need of _____ minus available funding of _____, which often includes grants, loans and scholarships.

I, _____, _____ for the Idaho Department of Health and Welfare FACS, approve this
(Name) (Title)
Education and Training Voucher application. Upon review, I am approving the amount of _____ for the _____ Calendar year.

STUDENT CHECKLIST OF REQUIRED DOCS PRIOR TO SUBMISSION

First time applicants:

- A copy of your current IDHW Independent Living Plan
- A copy of your most current Ansell Casey Assessment
- A copy of verification of your high school diploma or GED certificate
- A letter of recommendation from your caseworker, foster/adoptive parent, mentor, or employer. The letter should focus on personal and academic performance
- Proof of acceptance to the institution of higher education or vocational training program
- Award letter (showing grants and loans accepted and rejected)
- 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 full page in length, doubled spaced, and typed.

Return applicants:

- A copy of your current IDHW Independent Living Plan
- A copy of your most current Ansell Casey Assessment
- Award letter (showing grants and loans accepted and rejected)
- 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 **“How has ETV supported me in meeting my educational goals in the last year?”**
The essay should be no less than one full page in length, doubled spaced, and typed.

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