

Education and Training Voucher (ETV) Program Participation Agreement

As a participant of the Education and Training Voucher (ETV) Program you are responsible for following your college's financial aid requirements, as well as the ETV requirements. By initialing, signing and submitting this form you acknowledge that you have read and understand your responsibilities as an ETV recipient.

ETV STUDENT RESPONSIBILITIES	INITIALS
I understand I must complete the Free Application for Federal Student Aid (FAFSA) on or shortly after January 1 each year.	
I understand I must complete and submit the ETV application or renewal application and ETV participation agreement each year between January 1 and April 30th to meet the ETV priority consideration deadline.	
I understand I must also submit all other supporting documents prior to any ETV award offer being made to me, and that my award is based on funds available up to my unmet need as calculated from my financial aid award.	
I understand I must submit a copy of my class schedule at the beginning of each term and a copy of my unofficial transcripts at the end of each term. I understand failure to do so will result in payments being stopped or reimbursements from being processed. <ul style="list-style-type: none"> • I understand I must be enrolled in at least 6 or more credits in order to be eligible to receive ETV 	
I understand I must be enrolled in at least one 100 level college course and receiving all other forms of federal and state aid.	
I understand I must meet my institution's Satisfactory Academic Progress (SAP) policy by maintaining a cumulative 2.0 GPA, and meet the institution's credit requirements. <ul style="list-style-type: none"> • I understand if I am placed on probation at my college I will receive a warning letter from the ETV program, with a request to submit an action plan for improving my status by a specific date. 	
I understand I must open and maintain a free email account and check it frequently to see if the ETV program has contacted me.	
I understand I must submit the ETV payment request form on a monthly basis. <ul style="list-style-type: none"> • I understand if I am asking for reimbursement I must submit original receipts or provide a bank statement or credit card statement as proof of payment. • I understand it takes 7-10 business days before I will receive the reimbursement check. • I understand I am responsible for keeping track of my ETV funds and balance. 	
I understand I am eligible for the ETV program up to my 23 rd birthday. If I turn 23 during the quarter/semester I may receive ETV until the end of that term.	
I understand it is my responsibility to notify the ETV program for the following: <ul style="list-style-type: none"> • To update my address, phone number or email if they change • If I withdraw from my classes or drop out of college • If I am placed on academic probation or suspension 	
I understand I may be terminated from the program for the following reason(s): <ul style="list-style-type: none"> • Lack of significant academic progress toward a certificate or degree after six terms; this may be demonstrated by my failure to maintain a 2.0 GPA for six terms (which do not have to be consecutive) or lack of progress from 100 level college courses at the end of six terms. • The college I attend informs the ETV program I have been permanently dismissed. • I knowingly submit paperwork to the ETV program that contains altered, inaccurate or false information. • I fail to submit an action plan upon notice from the ETV program by the date requested for return. 	
I understand if I do not access my ETV funds by the end of the term in which I was first awarded I will receive a notice from the ETV program. I understand I have 30 days to respond to the program once I receive the notice. If I do not respond within the 30 day timeframe, I understand my award will be cancelled and the funds will be awarded to another student.	
I have read and understand the responsibilities outlined in this participation agreement and agree to comply with the program rules and processes in order to access my ETV funds. I understand if I fail to comply, I will not be able to access my ETV funds.	
PRINT NAME (FIRST AND LAST NAME)	SIGNATURE
	DATE

For more information about the ETV program, go to our website at: www.independence.wa.gov or contact the program at 1-877-433-7588 or etvwash@dshs.wa.gov.

Please return this form to: DSHS Children's Administration
Education and Training Voucher (ETV) Program
PO Box 45710
Olympia WA 98504-5710

Please Print and Keep a Copy for Your Records