

Education and Training Voucher (ETV) Program 2017 – 2018 Renewal Application

Applicant Information					
NAME (FIRST AND LAST)			DATE OF BIRTH		LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER
MAILING ADDRESS			CITY		STATE ZIP CODE
HOME TELEPHONE		CELL PHONE		E-MAIL ADDRESS	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Are you a parent responsible for the care of a child? <input type="checkbox"/> Yes; how many? <input type="checkbox"/> No		
Supportive Adult Contact Information		Independent Living (IL) Provider Contact Information		Social Worker Contact Information	
NAME (FIRST AND LAST)		NAME (FIRST AND LAST)		NAME (FIRST AND LAST)	
RELATIONSHIP		AGENCY NAME		AGENCY NAME	
MAILING ADDRESS		MAILING ADDRESS		MAILING ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
HOME TELEPHONE		WORK TELEPHONE		WORK TELEPHONE	
CELL PHONE		CELL PHONE		CELL PHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS		E-MAIL ADDRESS	
Enrollment Information					
NAME OF COLLEGE / UNIVERSITY			AREA OF STUDY		
YEAR IN COLLEGE <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	TERM <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock Hour	CREDITS <input type="checkbox"/> Half-Time (6 – 11 credits) <input type="checkbox"/> Full-Time (12 + credits)		DEGREE / CERTIFICATE <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Certificate	
Financial Aid Information					
Date you received your: <input type="checkbox"/> High school diploma or <input type="checkbox"/> GED; date (MM/DD/YYYY):					
Date (MM/DD/YYYY) you completed the FAFSA:					
Are you eligible for any of the following: <input type="checkbox"/> Governors' Scholarship <input type="checkbox"/> Passport Scholarship					
<input type="checkbox"/> College Bound Scholarship <input type="checkbox"/> Other(s):					
Required Documents					
The following documents are required before an ETV award can be determined:					
<input type="checkbox"/> Unofficial College Transcripts					
<input type="checkbox"/> 2017 – 2018 FAFSA Confirmation Email OR Student Aid Report (SAR)					
<input type="checkbox"/> 2017 – 2018 Financial Aid Award Letter					
<input type="checkbox"/> 2017 – 2018 Fall Term Class Schedule					
Extended Foster Care					
Are you participating in the Extended Foster Care Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Consent and Certification

The information submitted is complete and accurate. Financial and non-directory information on your student record is confidential and protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. Certain information cannot be released to a third party, except authorized parties without your written consent. This form authorizes release of information regarding your financial aid and academic standing to the ETV program.

I understand the information on this application and information regarding my enrollment, financial aid, and academic standing may be exchanged between ETV program staff, IL providers, and with institutional staff and offices at the college/university I am enrolled and attending.

PRINTED NAME	STUDENT ID NUMBER (SID)	SIGNATURE	DATE
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Participation Agreement

As a participant of the Education and Training Voucher (ETV) Program, you are responsible for following your college's Satisfactory Academic Progress (SAP) and Pace of Progress requirements as well as the ETV Requirements listed below. By signing and returning this form, you acknowledge that you have read and understand your responsibilities as an ETV recipient.

I understand I must:

1. Complete the **Free Application for Federal Student Aid (FAFSA)** each year on or shortly after October 1.
2. Complete and submit the **Renewal Application** and **Participation Agreement** each year between **January 1 and April 30** to meet the priority deadline.
3. Submit the additional information listed below to be awarded ETV and to be able to continue accessing my ETV Award:
 - a. **FAFSA Confirmation Email OR Student Aid Report (SAR)**
 - b. **Financial Aid Award Letter**
 - c. **Class Schedule:** Required at the beginning of each term
 - d. **Unofficial Transcripts:** Required at the end of each term
4. Attend an accredited college, university, vocational or technical college.
5. Be eligible for financial aid.
6. Be enrolled at least half-time or more, meaning 6 or more credits each term.
7. Be enrolled in at least **one** 100 level college course.
8. Meet my college or university SAP and Pace of Progress requirements.
9. Submit an Education Plan if I am placed on financial aid probation, and return my plan by the requested date.
10. Maintain a 2.0 GPA or better
11. Open and maintain a free email account and check it frequently.
12. Complete and return the **Statewide Payee Registration** form to be eligible to receive reimbursement.
13. Submit the ETV Payment Request form on a **monthly** basis.
14. Monitor my ETV award and budget my funds.
15. Contact the program if my financial aid status changes which may be any of the following:
 - a. I withdraw from college
 - b. I add or drop a class
 - c. I received additional financial aid after I submitted my financial aid award letter to the ETV Program.
16. Contact the program if any of the following changes:
 - a. Address
 - b. Phone Number
 - c. Email

I have read and understand the responsibilities outlined in the Participation Agreement and agree to comply with the program rules and processes to be able to access my ETV funds. I understand if I fail to comply with the program rules and processes I will not be able to access my ETV funds.

PRINT NAME (FIRST AND LAST)	SIGNATURE	DATE
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Return the renewal application to: DSHS - Children's Administration
ETV Program
PO Box 45710
Olympia, WA 98504-5710

For information about the ETV Program, go to www.independence.wa.gov or call 1-877-433-8388.