

Education And Training Voucher (ETV) Program

**ETV Spending Plan**

- You can either print and hand sign or electronically sign using the [Adobe](#) fill and sign feature.
- Typed signatures will not be accepted.

|      |  |      |
|------|--|------|
| Name | ETV Award Amount for Quarter or Semester | Date |
|------|--|------|

**Instructions:** Please look over the categories and indicate how you plan to spend your ETV funds. Your total expenses need to match your ETV award indicated above.

| Education Related Expenses  | Per Quarter or Semester |
|-----------------------------|-------------------------|
| Tuition and fees            |                         |
| Housing (on campus)         |                         |
| Meal plan                   |                         |
| Books                       |                         |
| Equipment / school supplies |                         |
| Computer / printer          |                         |
| Tutoring                    |                         |
| Study abroad / internships  |                         |
| Other (specify):            |                         |
| Living Expenses             | Per Quarter or Semester |
| Rent (off campus)           |                         |
| Groceries                   |                         |
| Utilities                   |                         |
| Phone                       |                         |
| Cable / Internet            |                         |
| Gas                         |                         |
| Personal care / hygiene     |                         |
| Child Care                  |                         |
| Auto insurance              |                         |
| Maintenance / repairs       |                         |
| Transportation / parking    |                         |
| Out-of-state travel         |                         |
| Other (specify):            |                         |

|                              |  |                                    |  |
|------------------------------|--|------------------------------------|--|
| <b>Total School Expenses</b> |  | <b>Grand Total of all Expenses</b> |  |
| <b>Total Living Expenses</b> |  |                                    |  |

By signing and submitting this form, I agree that the funds will be used as stated above.

|                   |      |                     |      |
|-------------------|------|---------------------|------|
| Student Signature | Date | ETV Staff Signature | Date |
|                   |      |                     |      |

Email to: [etwash@dcyf.wa.gov](mailto:etwash@dcyf.wa.gov)