

## Education and Training Voucher (ETV) Program and Passport to Careers Program Application Consent

### Application Consent

**Read and agree by initialing each section, then sign below.**

\_\_\_\_\_ To the best of my knowledge, all information submitted in this application is complete and accurate. I understand if the information is found to be false, it is sufficient cause for rejection or dismissal from the ETV program.

\_\_\_\_\_ I give permission to the Department of Children, Youth, and Families to provide verification of my foster care status with the Washington Student Achievement Council, College Success Foundation, Independent Living (IL) Provider or any institution, pre-apprenticeship or apprenticeship program to which I have applied, been admitted or I am enrolled.

\_\_\_\_\_ I authorize the recognized staff of the Department of Children Youth & Families, tribal foster care, Department of Social & Health Services, SETuP, Labor and Industries, homeless liaisons and any nonprofit organizations contracted with WSAC for administering the Passport to Careers program to provide verification of eligibility for services and financial support provided through the Passport to Careers program.

\_\_\_\_\_ I understand that in order to determine an appropriate award amount and/or to determine my continuing eligibility for an award, the agency or organization assisting me may need to discuss my application and the information in my application with one of the other participating organizations, including the College Success Foundation, Department of Children, Youth, and Families, Washington Student Achievement Council, contracted non-governmental organizations (apprenticeship or pre-apprenticeship applicants only), and Independent Living Programs, as well as with the admissions, financial aid and student service offices at any college, university or vocational or technical program, or pre-apprenticeship or apprenticeship program, which I have applied, been admitted or I am enrolled. I agree to this exchange of information about me.

\_\_\_\_\_ I understand my educational records are confidential and cannot be disclosed without my consent. With that understanding I give permission to any college, university, vocational or technical program, apprenticeship or pre-apprenticeship I am attending, have attended, or to which I am applying to provide information about me to the following programs and organizations for the purpose of evaluating my application or assisting me in obtaining educational funding: The College Success Foundation, Department of Children, Youth, and Families, Washington Student Achievement Council, Casey Family Programs, Orphan Foundation of America, Seattle University Fostering Scholars Program, IL Programs, non-governmental organizations contracted with WSAC for the purpose of administering the Passport to Apprenticeship Opportunity program.

Signature (TYPED OR E-SIGNATURE OK)

Date