

Education and Training Voucher (ETV) Program Dual Credit Participation Agreement

As a participant of the Dual Credit Education and Training Voucher (ETV) Program, you are responsible for following the ETV Requirements listed below. By signing and returning this form, you acknowledge that you have read and understand your responsibilities as a Dual Credit ETV recipient.

I understand I must:

1. Complete and submit the **Dual Credit Application** and **Participation Agreement** each year between **January 1 and April 30** to meet the priority deadline.
2. Submit the additional information listed below to be awarded ETV and to be able to continue accessing my ETV Award:
 - a. **Class Schedule:** Required at the beginning of each term
 - b. **Unofficial Transcripts:** Required at the end of each term**I understand failure to do so will result in reimbursements being stopped.**
3. Attend an accredited college, university, vocational or technical college.
4. Be enrolled at least half-time or more, meaning 6 or more credits each term.
5. Be enrolled in at least **one** 100 level college course.
6. Maintain a 2.0 GPA or better
7. Open/maintain my own working email address. I will check my email at least once a week for emails from my ETV team and will reply as required.
8. Complete and return the **Statewide Payee Registration** form to be eligible to receive ETV reimbursements.
9. Submit the ETV Payment Request form on a **monthly** basis.
10. Monitor my ETV award and budget my funds.
11. Contact the program if there are changes which may be any of the following:
 - a. I withdraw from high school or college
 - b. I add or drop a class
 - c. Address
 - d. Phone Number
 - e. Email
 - f. Banking Information

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.

SIGNATURE (TYPED OR E-SIGNATURE OK)	PRINT NAME (FIRST AND LAST NAME)	DATE

Email: Scan and email to etwash@dcyf.wa.gov

Mail: ETV Program, PO Box 40983, Olympia WA 98501

For questions call 1-877-433-8388 or e-mail us at etwash@dcyf.wa.gov

Please Print and Keep a Copy for Your Records