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|  |  | **Education and Training Voucher (ETV) Program****2024 – 2025 Renewal Application** |
| **Applicant Information** |
| NAME (FIRST AND LAST) | DATE OF BIRTH | PRONOUNS | LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER |
| MAILING ADDRESS CITY STATE ZIP CODE |
| HOME TELEPHONE | CELL PHONE | E-MAIL ADDRESS |
| GENDER**[ ]**  Woman **[ ]**  Man**[ ]**  Non-Binary[ ]  Prefer to self describe      | Are you:**[ ]**  Single **[ ]**  Married [ ]  Separated [ ]  Divorced | Are you a parent responsible for the care of a child? **[ ]**  Yes; how many?  **[ ]**  No  |
| **Supportive AdultContact Information** | **Independent Living (IL) Provider Contact Information** | **Social WorkerContact Information** |
| NAME (FIRST AND LAST) | NAME (FIRST AND LAST) | NAME (FIRST AND LAST) |
| RELATIONSHIP | AGENCY NAME | AGENCY NAME |
| 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 |
| UPCOMING YEAR IN COLLEGE**[ ]**  Freshman**[ ]**  Sophomore**[ ]**  Junior **[ ]**  Senior | TERM**[ ]**  Quarter**[ ]**  Semester**[ ]**  Clock Hour | CREDITS**[ ]**  Half-Time (6 – 11 credits)**[ ]**  Full-Time (12 + credits) | DEGREE / CERTIFICATE**[ ]**  Associate Degree**[ ]**  Bachelor’s Degree**[ ]**  Certificate |
| **Financial Aid Information** |
| Date you received your: [ ]  High school diploma or [ ]  GED; date (MM/DD/YYYY): Date (MM/DD/YYYY) you completed the FAFSA:  |
| **Required Documents** |
| The following documents are required before an ETV award can be determined:**[ ]**  Unofficial College Transcripts**[ ]**  2024-2025 FAFSA Confirmation Email OR Student Aid Report (SAR) **[ ]**  2024-2025 Financial Aid Award Letter[ ]  2024-2025 Fall Term Class Schedule |
| **Extended Foster Care** |
| Are you participating in the Extended Foster Care Program? **[ ]**  Yes **[ ]**  No If you answered no, would you like information about the Program? **[ ]**  Yes **[ ]**  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 (Typed or E-Signature OK) DATE |
| **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 Progression 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.
2. Complete and submit the **Renewal Application** and **Participation Agreement** each year between **January 1 and April 30** to meet the priority deadline.
3. Complete and sign an **ETV Spending Plan** for each term before any funds can be disbursed.
4. Submit the additional information listed below to be awarded ETV and to be able to continue accessing my ETV Award:
	1. **FAFSA Confirmation Email** OR **Student Aid Report (SAR)**
	2. **Cost of Attendance**
	3. **Financial Aid Award** **Letter**
	4. **Class Schedule**: Required at the beginning of each term
	5. **Unofficial Transcripts**: Required at the end of each term

**I understand failure to do so will result in disbursements being delayed**.1. Attend an accredited college, university, vocational or technical college.
2. Be eligible for financial aid.
3. Be enrolled at least half-time or more, meaning 6 or more credits each term.
4. Be enrolled in at least **one** 100 level college course.
5. Meet my college or university SAP and Pace of Progression requirements.
6. Submit an Education Plan if I am placed on financial aid probation, and return my plan by the requested date.
7. Maintain a 2.0 GPA or better.
8. Open/maintain a working email address. I will check my email at least once a week for emails from my ETV team and will reply as required.
9. Communicate with my ETV team at least once a month. IF I DO NOT STAY IN REGULAR COMMUNICATION, MY FUNDING MAY BE AFFECTED.
10. Complete and return the **Statewide Payee Registration** form to be eligible to receive ETV disbursements.
11. I understand I am eligible for the ETV program up to my 26th birthday, if I have received funds prior to my 21st birthday. If I turn 26 during the quarter/semester, I may receive ETV until the end of that term. ETV cannot fund more than 20 quarters or 15 semesters.

16. Contact the program if my financial aid status changes which may be any of the following:* 1. I withdraw from college
	2. I add or drop a class
	3. I received additional financial aid after I submitted my financial aid award letter to the ETV Program.

17. Contact the program if any of the following changes:1. Address
2. Phone Number
3. Email
4. Banking

18. I understand I may be terminated from the program for the following reason(s):* + 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 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) DATE | PRINT NAME (FIRST AND LAST NAME) |
| Return the renewal application to: **Email:** Scan and email to etvwash@dcyf.wa.gov  |