



## Education and Training Voucher (ETV) Program 2025 – 2026 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"/> X	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	
NAME (FIRST AND LAST)		NAME (FIRST AND LAST)	
RELATIONSHIP		AGENCY NAME	
HOME TELEPHONE		WORK TELEPHONE	
CELL PHONE		CELL PHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
Enrollment Information			
NAME OF COLLEGE / UNIVERSITY		AREA OF STUDY	
UPCOMING 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"/> 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:			
Required Documents			
The following documents are required before an ETV award can be determined: <input type="checkbox"/> Unofficial College Transcripts <input type="checkbox"/> 2025-2026 FAFSA Confirmation Email OR Student Aid <input type="checkbox"/> Report (SAR) 2025-2026 Financial Aid Award Letter <input type="checkbox"/> 2025-2026 Fall Term Class Schedule			
Extended Foster Care			
Are you participating in the Extended Foster Care Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no, would you like information about the 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 (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:
  - 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

**I understand failure to do so will result in disbursements being delayed.**
5. Attend an accredited college, university, vocational or technical college.
6. Be eligible for financial aid and receive the federal Pell grant.
7. Be enrolled at least half-time or more, meaning 6 or more credits each term.
8. Be enrolled in at least **one** 100 level college course.
9. Meet my college or university SAP and Pace of Progression requirements.
10. Submit an Education Plan if I am placed on financial aid probation, and return my plan by the requested date.
11. Maintain a 2.0 GPA or better
12. 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.
13. Communicate with my ETV team at least once a month. IF I DO NOT STAY IN REGULAR COMMUNICATION, MY FUNDING MAY BE AFFECTED
14. Complete and return the **Statewide Payee Registration** form to be eligible to receive ETV disbursements.
15. I understand I am eligible for the ETV program up to my 26th birthday, if I have received funds prior to my 21<sup>st</sup> 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:
  - 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.
17. Contact the program if any of the following changes:
  - a. Address
  - b. Phone Number
  - c. Email
  - d. 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 [etwash@dcyf.wa.gov](mailto:etwash@dcyf.wa.gov)