



Education and Training Voucher (ETV) Program Dual Credit Application

The ETV Dual Credit application is for students enrolled in an **eligible** program earning a high school diploma and taking college credits towards a degree. Students must attend an approved college or university. Not all programs are eligible. Contact the ETV program to verify eligibility.

Eligible Expenses

These include and are not limited to books, school supplies, fees, and transportation (bus, gas, parking).

Award Amount

Student awards are based on available program funding each year.

Requirements to Receive ETV Funds

- You must enroll in a dual credit program at an approved college or university.
- You must enroll in a minimum of 6 college credits and one 100 level class or higher each term.
- You must meet your college’s Satisfactory Academic Progress (SAP) requirements by maintaining a 2.0 GPA or better.
- Submit your class schedule at the beginning of each term.
- Submit your unofficial transcripts at the end of each term.
- Submit your Spending Plan at the beginning of each term.
- Complete and return the **Statewide Payee Registration** form to receive ETV payments.

Section 1. Student Contact Information

Name (First, Middle Initial, Last) _____

Pronouns _____

Date of Birth _____

Mailing Address _____

City, State _____

ZIP Code _____

Home Phone Number _____

Cell Phone Number _____

Email _____

Section 2. Program Development Information

The following information is collected for program development purposes only and is not considered in the eligibility process.

Gender Woman Man Non-Binary Prefer to Self-Describe _____

Race: American Indian/Alaska Native- Tribe: _____ Asian Black or African American

Hispanic or Latino of any race(s) Native Hawaiian and Other Pacific Islander

Two or More Races: _____ White

Section 3. Contacts

Caregiver Information

Name (First, Last) _____

Phone Number _____ Email _____

Social Worker Information

Name (First, Last) _____

Phone Number _____ Email _____

Section 4. Education Information

High School Name _____ Current Grade Level _____

College/University Name _____

Quarter(s) Attending in Dual Credit Program (Check All That Apply):

Fall Winter Spring

Section 5. 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.

I understand I must:

1. Complete and submit the **Dual Credit Application** each year between **January 1 and April 30** to meet the priority timeline.
2. Submit the information listed below to be awarded ETV and 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.
- c. **Spending Plan:** Required at the beginning of each term.

I understand failure to do so will result in payments being delayed.

- 3. Attend an approved 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 receive ETV payments.
- 9. 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 understand the responsibilities outlined in the Participation Agreement and agree to the program rules and processes to access my ETV funds. I understand if I fail to comply, I will not be able to access my ETV funds.

I certify by my signature and initials (please initial before each line and sign and date at the bottom):

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

_____ I give permission to the Department of Children, Youth & Families (DCYF) to provide verification of my foster care status with the college or university where I applied, am admitted, or enrolled.

_____ I understand my educational records are confidential and cannot be disclosed without my consent. I give permission to any college, university, or vocational/technical college that I am attending, have attended, or I am applying to, to provide information about me for the purpose of obtaining educational funding.

Print Name (First, Last) _____

Signature (Typed or E-signature OK) _____ Date _____