Nevada Department of Health and Human Services
DIVISION OF CHILD AND FAMILY SERVICES

Education and Training Voucher (ETV) Program
2023 – 2024 Application

Education and Training Voucher (ETV) Program

Nevada's Education and Training Vouchers (ETV) Program, operated by **Clark County Social Service (CCSS),** provides financial assistance for postsecondary training and education to youth who have aged out of foster care or who have left foster care after age 16 through kinship, guardianship, or adoption in **Clark County, Nevada.** Use this application for the Summer 2023, Fall 2023, Spring 2024 and Summer 2024 (attending school between July 1, 2023, and June 30, 2024). Email your application to: ETV@ClarkCountyNV.gov.

ETV Eligibility

1. ETV is for young adults who have aged out of foster care or who have left foster care after age 16 through kinship, guardianship, or adoption (we will verify this information with you).
2. Accepted to an accredited post-secondary or vocational school.
3. Complete the Federal Application for Student Aid (FAFSA).
4. Maintain a cumulative grade point average (GPA) of 2.0 or higher on a 4.0 scale.
5. Not have reached your 26th birthday.
6. Have not participated in the ETV program for more than 5 years.

What Can ETV pay for?

1. Tuition and fees
2. Room and board (both on campus and off campus)
3. Books and school supplies
4. Transportation for school attendance
5. Computer, software, and equipment
6. Childcare expenses
7. Miscellaneous personal/educationally related expenses
8. Monthly personal stipend (limited to $250 each month)

If you qualify for ETV, you can receive up to $5,000 per school year (up to $2,500 per semester based on verified academic financial need), for a maximum of 5 years prior to turning 26 years old. ETV funds can be combined with other grants or scholarships to minimize or eliminate the need for student loans.

How long is the ETV application valid?

The applications are valid for the entire academic year (Fall, Spring and Summer semesters). Applications start in the Fall semester, however if you didn't apply in the Fall, you can still start and apply in the Spring semester.

ETV funds are based on verified academic financial need and are not guaranteed. ETV requests are subject to approval and funds may be limited due to the number of applications received.

Nevada Department of Health and Human Services
DIVISION OF CHILD AND FAMILY SERVICES

Education and Training Voucher (ETV) Program Application
2023 – 2024 Application

Section 1. Applicant Information				
Legal Name:	First:	Middle:	Last:	Suffix:
Date of Birth:	Month:	Day	Year	Age
Physical Address	City	State	Zip Code	County
Mailing Address	City	State	Zip Code	County
Cell Phone Number:		Other phone Number		Email
Is it ok to leave you messages and contact you using this information? ☐ Yes ☐ No				

Section 2. Program Demographics
The following information is collected for program development purposes only and is not considered in the eligibility process.

What is your Gender Identity?
Gender identity is how you feel inside and how you express your gender.

☐ Female ☐ Male ☐ Transgender ☐ Questioning ☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) ☐ I don't know ☐ Don't want to answer
☐ Other: _____

How would you describe your Sexual Orientation?
Sexual orientation is who you are attracted to and want to have relationships with.
☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning / Unsure ☐ I don't know
☐ I don't want to answer ☐ Other: _____

Which of the following best represents your Race (please select all that apply)?

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Other Pacific Islander
☐ White ☐ I don't know ☐ Don't want to answer ☐ Other: _____

What is your Ethnicity (i.e. are you a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of your above race)?

☐ Non-Hispanic/Non-Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x) ☐ I don't know ☐ Don't want to answer

Will you be responsible for a child while in college? ☐Yes, how many? _____ ☐ No

Are you a first-generation college student? ☐Yes ☐ No

What state did you experience foster care in? ☐ Nevada ☐Other_____

What was your foster care experience outcome? ☐Adoption ☐Reunification ☐Guardianship ☐Aged Out

Nevada Department of Health and Human Services
DIVISION OF CHILD AND FAMILY SERVICES

What is your applicant status? ☐New   ☐ Returning

Section 3. Enrollment Information

1. Please list the college, career school, or training you plan to attend during the 2023 – 2024 academic year.

Name	Field of Study
1.	
2.	

2. Did you complete the Free Application for Federal Student Aid (FAFSA)?

☐ Yes, date completed: _____   ☐ No, go to www.studentaid.gov to complete the FAFSA which is **REQUIRED** as part of your application.

3. Will you be enrolled: ☐ Half-time   ☐ Full-time

4. Indicate each term you plan to attend:

☐ Summer 2023 ☐ Fall 2023 ☐ Spring 2024 ☐ Summer 2024

5. Please identify the final degree or certificate you plan to achieve: ☐ Apprenticeship   ☐ Associate Degree
☐ Bachelor's Degree ☐ Vocational/Technical Certificate / Degree ☐ Advanced Degree (master's or doctor's degree)

Section 4. Application Consent

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

1. _____ **(initial)** I understand that I must sign each financial request to ETV for CCSS to pay mutually agreed upon vendors for utilities and other necessities directly (known as "vendor pay").

2. _____ **(initial)** I understand that I must complete all required program forms and provide all required supporting documentation identified in the application checklist (such as proof of school enrollment/attendance and academic progress, proof of academic financial need(s), bills, invoices, or receipts for reimbursement before any financial assistance can be provided.

3. _____ **(initial)** I understand that financial requests are limited to funding availability and that funds are not guaranteed and will be based on verified academic financial need with approval.

4. _____ **(initial)** I understand I may receive **up to** $2500 per semester and this amount is not guaranteed.

5. _____ **(initial)** I understand Clark County Social Service Educational Training Voucher (ETV) Program funds and resources that I receive will be monitored by staff and I agree to use these funds for their originally intended purpose(s) only.

6. _____ (**initial**) I understand that I must complete the Free Application for Federal Student Aid (FAFSA) each year.

Please sign below to indicate the above information is correct to the best of your knowledge:

Printed Name of Young Adult	Signature of Young Adult	Date

**Nevada Department of
Health and Human Services**
DIVISION OF CHILD AND FAMILY SERVICES

Section 5. Application Checklist

Education and Training Voucher (ETV) Program Check List

The applicant must submit the following documents before the application can be approved:

Proof of Eligibility

☐ Education Training Voucher Application
☐ Letter from agency or copy of court order showing former foster care
☐ Copy of class schedule to ensure at least part-time enrollment
☐ Copy of unofficial transcript from your college/trade school (or a document showing your cumulative GPA)
☐ Copy of financial aid award letter documenting all financial aid received and financial need
☐ Copy of Academic and Financial Aid Release of Information form submitted to school/program
☐ Copy of your current photo ID

Email your completed application to: ETV@ClarkCountyNV.gov

Clark County ETV Program Administration

Stacey Holland, LSW
Clark County ETV Coordinator
(702) 279-0818 (Cell)
Email: ETV@ClarkCountyNV.gov

Joseph Taylor, LMSW
Clark County ETV Supervisor
Phone: (702) 455-0468 (Mainline)
Website: www.clarkcountynv.gov/residents/assistance_programs