



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES

Education and Training Voucher (ETV) Fact Sheet

What do I get?

Up to \$2,500 per semester!

This can cover the following school related expenses: *if included in your schools cost of attendance*

- tuition and fees
- room and board
- student loans for current year
- books and school supplies
- transportation
- personal computer/supplies
- child care expenses
- miscellaneous personal expenses

How do I apply?

You can get the application at:
The Children's Cabinet, Inc.
777 Sinclair Street
Reno, NV 89501
Phone: 775-352-8090
Fax: 775-322-1007
1-866-741-3218

www.childrencabinet.org

or

<http://dcfs.nv.gov/Programs/CWS/IL/ETV/>

You **must also** apply for the FAFSA first:

<http://www.fafsa.ed.gov>

Am I eligible?

You are, if you meet the following requirements. You:

- ✓ Are in foster care, will age out of foster care or have aged out of foster care already;
- ✓ were adopted from foster care on or after your 16th birthday;
- ✓ attend, at least half-time, at an **accredited** school that (as defined by the institution):
 - awards a Bachelor's degree or not less than a 2-year program that provides credit towards a degree,
 - provides no less than 1-year of training towards gainful employment, *or*
 - is a vocational program that provides training for gainful employment and has been in existence for at least two years;
- ✓ Maintain a GPA of 2.0 and/or make satisfactory progress in your educational goals.
- ✓ If you have moved to Nevada for the sole purpose of attending school, you must access ETV funds from your home state.

You may ONLY participate in the ETV program for 5 years MAX (whether or not the years are consecutive) at an accredited school or until your 26th birthday – whichever comes first.

When do I get the award?

- Applications will be processed on a rolling basis (first come, first served). After **all** of your application materials have been turned in and processed, you may receive an award letter. **Please allow 30 days for the reviewing and processing of your application. Please contact Wendy Figueroa at Desk: 775-348-6785 Email: wfigueroa@childrencabinet.org or by Text: 775-830-0397 to ensure receipt of your application and start the communication process.**
- This award will be sent directly to your post-secondary school, your landlord, creditors, and if additional funds are available after your fees are paid, and you have documented the need for other school-related expenses, you may receive a monthly stipend to assist you in meeting your needs.

Application Form – Fall 2018 & Spring 2019

Please complete all lines and circle all choices that apply to you

NAME: _____

GENDER: Male Female CURRENT AGE: _____ ETHNICITY: _____

DATE OF BIRTH: _____ TELEPHONE: (____) _____

CELL PHONE: (____) _____ WORK PHONE: (____) _____

E-MAIL ADDRESS: _____

COUNTY of FOSTER CARE CASE: _____

CURRENT PHYSICAL ADDRESS: _____
(Street, city, state and zip code)

MAILING ADDRESS: _____
(Street, city, state and zip code)

FAMILY COMPOSITION: Single Married Living with significant other

LIST NUMBER OF CHILDREN IN HOME: _____

ARE YOU EMPLOYED? Yes No

ARE YOU RECEIVING COURT JURISDICTION STIPENDS? Yes No

HOW DID YOU BECOME AWARE OF THIS PROGRAM?

Caseworker Foster Parent College/University/Vocational Program CASA Other

SCHOOL INFORMATION: Fall 2018 Spring 2019

COLLEGE/VOCATIONAL PROGRAM NAME: _____

SCHOOL ADDRESS: _____
(Street, city, state and zip code)

YEAR IN SCHOOL PROGRAM: 1st 2nd 3rd 4th 5th

MAJOR: _____

YOUTH AGREEMENT

I, _____, agree to meet the terms and conditions of the Educational Training Voucher Program and will work toward successfully completing the course work at the school listed above. I have read the policy and eligibility requirements for the Educational and Training Voucher Program funds. Further, I certify that all information is true and correct to the best of my knowledge and I understand that providing false information or the misuse of funds will result in termination from this program. I understand The Children's Cabinet will be using HMIS/Clarity as their database and/or educational record keeping system.

Youth's Signature: _____

Date: _____

Caseworker Name: _____

Date: _____

Caseworker Email: _____

Phone: (____) _____

Policy and Eligibility Requirements

(Checklist of documentation that must be submitted with this application)

Documentation of Eligibility:

ETV program eligibility extends to:

- Those youth who were in foster care on or after their 18th birthday, or
- Those youth who were adopted from foster care on or after their 16th birthday.
- Youth who have been accepted to an *accredited* post-secondary or vocational school.
- Youth who agree to attend school *full-time* or *part-time*.

In order to receive funding, the institution that you attend must:

- Be legally authorized within the State to provide a program of education beyond secondary education;
- Provide an educational program where the institution awards a bachelor's degree *or* provides not less than a 2-year program that is acceptable for full credit toward such a degree, *or*
- Provide an educational training program to prepare students for gainful employment in a recognized occupation; and
- Be a public, private or other nonprofit institution.

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

[Check when included]

- Proof of Eligibility, [letter from social worker or copy of court order releasing you from foster care]**
- Education Training Voucher Application
- Letter of acceptance to school/program [if not yet registered for classes]
- Copy of class schedule to ensure at least part-time enrollment
- Copy of previous post-secondary school transcripts to ensure passing grades [if applicable – *this does not include your high school transcripts*]
- 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
- Children's Cabinet Release of Information form
- Copy of student's "Court Jurisdiction" budget (Post-18 Services Agreement budget)
- Completed Student Budget Form
- Copy of your current photo ID
- Authorization agreement for ACH debit/Direct Deposit – (for stipends and/or reimbursements)

The applicant must also submit a copy of the following to their school or program: [Check when completed]

- Completed Academic and Financial Aid Release sent to the financial aid office of your school/program

The applicant must submit the following documents if requesting aid for the following:

[Check when included] [Federal Tax ID number not required if payee is a corporation]

All documentation MUST include: amount due, name of payee, address, phone number, and Federal Tax ID Number

- Rent-Copy of Lease
- Child care—Statement from provider
- Books—Printout from school bookstore
- Loan Payments-Copy of bill or payment coupon
- Utilities — ie: complete billing in student's name
- Other—Call for instructions

Academic and Financial Aid Release

School: _____

(Print name of school or program you are attending)

RE: Student ID: _____

(Print your student ID)

Student Login: _____

Student Password: _____

I have completed the FAFSA *(please circle one)*: Yes No

I have attached copy of the financial aid award letter from my school of choice *(please circle one)*:

Yes No

To the Registrar and/or Financial Aid Office:

I, _____ *(print name)* have applied for Federal/State funding towards my school costs. In order to receive this funding, the Education and Training Voucher (ETV) Program staff at The Children's Cabinet, Inc. may need access to my academic and/or financial aid information. If requested, I authorize you to send a copy of my Academic Transcripts and/or Financial Aid Award letter to the Education and Training Voucher (ETV) Program. I authorize you to release information regarding my academic and/or financial status to the ETV Program via US Mail, email, telephone or fax. I further authorize The Children's Cabinet, Inc. to release information regarding my ETV funding status.

(Student Signature)

(Date)

Please circle one of the following and complete number of credits:

I am a: **full-time student** (_____ credits) / **part-time student** (_____ credits)

Expiration Date: _____

*** Expiration should meet the needs of the client from date of signature to June 30 of 2019 (current school year)**

The Children's Cabinet, Inc.
777 Sinclair Street
Reno, NV 89501
Phone: 775-352-8090 or 1-866-741-3218
Fax: 775-322-1007

The Children's Cabinet Release of Information

I, _____, (*print name*) have applied for Federal/State funding towards my school costs. In order to receive this funding, the Education and Training Voucher (ETV) Program staff at The Children's Cabinet, Inc. may need to speak with agencies or people to gather information to make direct payments on my behalf. If required, I authorize The Children's Cabinet to exchange information with the agencies/people listed below via US Mail, email, telephone or fax. I further authorize The Children's Cabinet, Inc. to release information regarding my ETV funding status. The Children's Cabinet and I may not be able to control what happens to my information once it has been released to the below person or agency, and that the agency or person getting my information may be required by law or practice to share it with others. I further understand The Research Confidentiality Policy – It is the policy of this organization that no identifying data pertaining to individual clients will be released to outside entities for research purposes.

(*Student Signature*)

(*Date*)

AGENCIES AUTHORIZED TO RELEASE AND EXCHANGE INFORMATION WITH THE CHILDREN'S CABINET – PLEASE INITIAL

_____ State of Nevada Division of Child and Family Services (DCFS).

_____ Current or Former Child Welfare Agency (Clark County Department of Family Services or Washoe County Human Services Agency).

_____ School / Program of Attendance.

_____ Contracted Independent Living Service Providers who may provide services using Chafee, FAFFY or Court Jurisdiction funds (DCFS IL Service Providers, Step UP, The Children's Cabinet).

_____ Any Vendor for the purposes of paying bills on your behalf (such as: landlord, utilities, student loan company).

_____ An Emergency Contact Person in case of loss of contact with applicant [please list a contact person]
Name: _____

Address: _____

Phone Number: _____

Relationship to Applicant: _____

Information or records to be released and exchanged shall be limited to the following:

- | | |
|---|---------------------------------------|
| ◆ Name | ◆ Date of services provided for ETV |
| ◆ Address | ◆ Summary of services provided by ETV |
| ◆ Home & work phone numbers | ◆ Financial aid from other sources |
| ◆ School attendance and academic progress | ◆ Case management services provided |
| ◆ Current academic standing | ◆ Other: _____ |
| ◆ FAFFY funds provided | ◆ Other: _____ |

Expiration Date: _____

*Expiration should meet the needs of the client from date of signature to June 30 of 2019 (current school year).

Budget Form

Monthly Expenses:	
Housing:	
Rent:	\$
Utilities:	
Electric:	\$
Gas:	\$
Garbage	\$
Sewer & Water	\$
Telephone	\$
Cell Phone	\$
Internet	\$
Transportation:	
Bus Pass:	\$
Car Payment:	\$
Insurance:	\$
Gas:	\$
Registration/Repairs:	\$
Food:	
Groceries:	\$
School Meal Plan:	\$
School Expenses:	
Tuition and fees:	\$
Books:	\$
On Campus Parking Pass:	\$
Family Expenses:	
Child care:	\$
Child Support	\$
Personal Expenses:	
Clothes:	\$
Toiletries:	\$
Other grooming i.e. haircuts:	\$
Loans:	
Student Loans:	\$
Credit Card Payments:	\$
Personal Loans:	\$
Other:	\$
Entertainment:	
Cable TV/Videos/Movies:	\$
Hobbies/gym fees:	\$
Misc: pets, medical, etc.	\$
Savings:	\$
Total Monthly Expenses:	\$

Monthly Income:	
Wages from Employment:	\$
Social Security Benefits:	\$
Court Jurisdiction:	\$
Other:	\$
Sub-Total Income:	\$
Financial Aid:	
Pell Grant:	\$
Otto Huth Scholarship	\$
Millennium:	\$
Other Scholarships	\$
Other:	\$
Other:	\$
Sub-Total FA:	\$

Total Income:	\$
Total Expenses	\$
Shortage/Surplus:	\$
ETV Request: Fall	\$
ETV Request: Spring	\$
ETV Request: Summer	\$
Total Request*	\$
*May not exceed \$5,000.00 per school year	

Budget Form

Monthly Income:	
Wages from Employment:	\$
Social Security Benefits:	\$
Court Jurisdiction:	\$
Other:	\$
Sub-Total Income:	\$
Financial Aid:	
Pell Grant:	\$
Otto Huth Scholarship	\$
Millennium:	\$
Other Scholarships	\$
Other:	\$
Other:	\$
Sub-Total FA:	\$

Monthly Expenses:	
Housing:	
Rent:	\$
Utilities:	
Electric:	\$
Gas:	\$
Garbage	\$
Sewer & Water	\$
Telephone	\$
Cell Phone	\$
Internet	\$
Transportation:	
Bus Pass:	\$
Car Payment:	\$
Insurance:	\$
Gas:	\$
Registration/Repairs:	\$
Food:	
Groceries:	\$
School Meal Plan:	\$
School Expenses:	
Tuition and fees:	\$
Books:	\$
On Campus Parking Pass:	\$
Family Expenses:	
Child care:	\$
Child Support	\$
Personal Expenses:	
Clothes:	\$
Toiletries:	\$
Other grooming i.e. haircuts:	\$
Loans:	
Student Loans:	\$
Credit Card Payments:	\$
Personal Loans:	\$
Other:	\$
Entertainment:	
Cable TV/Videos/Movies:	\$
Hobbies/gym fees:	\$
Misc: pets, medical, etc.	\$
Savings:	\$
Total Monthly Expenses:	\$

Total Income:	\$
Total Expenses	\$
Shortage/Surplus:	\$
ETV Request: Fall	\$
ETV Request: Spring	\$
ETV Request: Summer	\$
Total Request*	\$
*May not exceed \$5,000.00 per school year	

ETV Financial Request Form

\$2,500 Fall 2018 Request

Please identify the school-related costs you are requesting for the upcoming school year. The following is a suggested list but not inclusive, so please identify the areas specific to YOUR needs. Make sure that if you are asking for \$2,500.00 then the total below should add up to \$2,500.00. Finally, you must **provide documentation for the expenses** (see checklist for required documentation).

Expense	\$ per month	Multiplied By	Number of Months <small>(circle months you are requesting help)</small>	=	Total Cost
Housing:		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Cell Phone:		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Power:		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Day Care		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Materials Supplies Computer		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Transportation <i>(Bus/Vehicle)</i>		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Cable/Internet:		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Personal Stipend:		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Loan: Specify		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
Other: Specify		Multiplied By	July/August/Sept/Oct/ Nov/Dec	=	
				Total	

****Maximum benefit per applicant is \$5,000.00 per academic school year.** The total benefit shall not exceed the total cost of attendance based on the financial award letter. The award will be sent directly to the required vendor. ****Funds are dispersed as they are available. A request of \$5,000.00 does not guarantee an award of \$5,000.00.**

ETV Financial Request Form

\$2,500 Spring 2019 Request

Please identify the school-related costs you are requesting for the upcoming school year. The following is a suggested list but not inclusive, so please identify the areas specific to YOUR needs. Make sure that if you are asking for \$2,500.00 then the total below should add up to \$2,500.00. Finally, you must **provide documentation for the expenses** (see checklist for required documentation).

Expense	\$ per month	Multiplied By	Number of Months <small>(circle months you are requesting help)</small>	=	Total Cost
Housing:		Multiplied By	Jan/Feb/March/April/ May/June	=	
Cell Phone:		Multiplied By	Jan/Feb/March/April/ May/June	=	
Power:		Multiplied By	Jan/Feb/March/April/ May/June	=	
Day Care		Multiplied By	Jan/Feb/March/April/ May/June	=	
Materials Supplies Computer		Multiplied By	Jan/Feb/March/April/ May/June	=	
Transportation <i>(Bus/Vehicle)</i>		Multiplied By	Jan/Feb/March/April/ May/June	=	
Cable/Internet:		Multiplied By	Jan/Feb/March/April/ May/June	=	
Personal Stipend		Multiplied By	Jan/Feb/March/April/ May/June	=	
Loan: Specify		Multiplied By	Jan/Feb/March/April/ May/June	=	
Other: Specify		Multiplied By	Jan/Feb/March/April/ May/June	=	
				Total	

****Maximum benefit per applicant is \$5,000.00 per academic school year.** The total benefit shall not exceed the total cost of attendance based on the financial award letter. The award will be sent directly to the required vendor. ****Funds are dispersed as they are available. A request of \$5,000.00 does not guarantee an award of \$5,000.00.**

Tips to Ensure a Successful Application

- Complete the application in its entirety.
- Apply for the PELL Grant early at <http://www.fafsa.ed.gov>
- Turn in everything as a package (if possible).
- Use the checklist to ensure you have enclosed everything.
- Contact ETV provider via phone, text, or email to ensure receipt of application.
- Utility bills must be provided MONTHLY to ensure proper payments.
- Send the financial aid department of your school a copy of your financial aid release form.
- No “double-dipping.” For example, do not request rent funds if you are receiving rental assistance from the Court Jurisdiction program, or through FAFFY funds or payments from a child welfare agency or contracted IL Service provider.
- Send in class schedules as soon as registered.
- Once awarded funds: For Traditional semester schools/programs use the following guidelines:
 - Fall Semester application/documentation due by July 1 for August disbursements.
 - Spring Semester documentation due by December 1 for January disbursements. (If you are on academic probation, your January funds may not be distributed until January 15th to verify GPA/Credit criteria)
 - Summer Semester documentation due by May 1 for mid-end of May disbursements.
- Apply any time but allow 30 days for application review.
 - Note due to increasing applications ETV will carry a waitlist and there is NO guarantee you will be awarded funds.
- Apply for all scholarships for which you may be eligible.

The ETV award is based on your follow through with the required information as requested by the ETV Coordinator. You will need to:

- Maintain a minimum of part-time status while making satisfactory progress towards completing your course of study or training.
- Send in your grades as soon as they are issued EACH semester.
- Be making progress towards your educational goals earning no less than a 2.0 GPA two semesters in a row or passing marks in a technical/vocational program or you may be discharged from the program.
- Academic probation status follows Pell grant guidelines (3 strikes you are out). ETV may assist with one semester to “get into good standing with Pell.” If student still does not meet GPA requirements, then the student may be discharged from ETV.
- Notify ETV program immediately if you have any change in circumstance such as:
 - Needing to drop or change a class
 - The vendor we pay changes
 - If you need to change the way we award your scholarship

Call if you need anything.

Wendy Figueroa, ETV Program Coordinator at Desk: 775-348-6785

Email wfigueroa@childrenscabinet.org. Text: 775-830-0397

Or call Cynthia Carstairs, ETV Program Manager at Desk: 775-856-0155

Email: ccarstairs@childrenscabinet.org.

State of Nevada Education and Training Voucher (ETV) Application Form

Additional Resources Available to Youth Pursuing College

Ever wonder how you were going to pay for college, or who can afford to go to college? This fact sheet will answer those questions and direct you to the right places for more information. **College is affordable and available to YOU!**

“Before you can make a dream come true, you must first have one.” *Ronald E. McNair Ph.D., 2nd African American Astronaut*

- ✓ All students must complete the **Free Application for Federal Student Aid (FAFSA)**. Students can access online at <http://www.fafsa.ed.gov> or by calling the Federal Student Aid Information Center at 1-800-4-FED-AID. In order to receive loan money, the Pell grant for low-income students or other aid, the student **MUST** complete the FAFSA. You may complete this at any time but are encouraged to complete your application by February 15th for the Fall semester.
- ✓ **Tuition Waiver for Former Foster Youth**. Students who have graduated from a Nevada high school or passed the TASC, HiSET or GED, are under age 26, and were in foster care at the age of 14 years or older are eligible for their tuition fees waived. Students must complete the FAFSA and the application form available online here: http://dcfs.nv.gov/Programs/CWS/IL/Other_Ed/.
- ✓ **Casey Family Scholars Program** provides scholarships which range from \$1,500.00 to \$6,000.00 per academic year for young people who are eligible. Check the OFA Web site at <http://www.fc2success.org>
- ✓ **Otto A. Huth Scholarship** for Nevada’s aged out foster youth. Must see website for eligibility, attend school full-time in Nevada, and apply before April 15 every year.
http://dcfs.nv.gov/Programs/CWS/IL/Other_Ed/
- ✓ **Contact your local High School Counselor or College Financial Aid Office for additional Scholarship Opportunities and DON’T LIMIT YOURSELF!!!!**

Other Websites to check out (these are just a few):

<http://www.fc2success.org> The Foster Care to Success Scholarship Program
http://www.nevadatreasurer.gov/GGMS/GGMS_Home/ Nevada’s Millennium Scholarship
<http://www.nfpaonline.org/nfpascholarship> National Foster Parent Association Scholarship
www.collegeanswer.com Sallie Mae College Answer
http://apps.collegeboard.com/cbsearch_ss/welcome.jsp Big Future by The College Board
www.collegefund.org American Indian College Fund
www.Collegescholarships.com CollegeScholarships.com
www.JackieRobinson.org The Jackie Robinson Foundation
<https://scholarships.uncf.org/> UNCF Scholarships, Programs, Internships and Fellowships
<http://foundation.walmart.com/our-focus/associate-scholarships> WAL-MART
www.fastweb.com Fastweb
www.fastaid.com Fastaid
www.GoCollege.com Go College
www.Collegefunds.net Collegefunds.net
www.HSF.net Hispanic Scholarship Fund
www.Scholarships.com Scholarship.com

CASA Foundation in your area