

Ross E. Armstrong Administrator

## DEPARTMENT OF HEALTH & 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:

- tuition and fees
- room and board
- student loans for current yr.
- 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-775-352-8098 1-866-741-3218 www.childrenscabinet.org

or

 $\frac{http://dcfs.nv.gov/Programs/CWS/IL/ET}{V/}$ 

You **must also** apply for FAFSA http://www.fafsa.ed.gov

#### Am I eligible?

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

- ✓ Are in foster care and/or have or will age out of foster care,
- ✓ 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,
  - o 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 my educational goals
- ✓ If you have moved to Nevada for the sole purpose of attending school, you must access ETV funds in your home state.

You are eligible until your 21st birthday if you meet the above criteria. If you are actively participating in the program on/before your 21st birthday, eligibility may continue to the age of 23 provided you meet credit and GPA criteria.

#### 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@childrenscabinet.org 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

NAME		
GENDER: M F CURR	ENT AGE:	ETHNICITY:
DATE OF BIRTH	TELE	PHONE ()
CELL PHONE ()		WORK PHONE ()
E-MAIL		
COUNTY of Foster Care Case		
CURRENT ADDRESS (Street, city, state and zip code)		
MAILING ADDRESS		nificant other
EMPLOYMENT: Are you employed?	□ Yes □ No	
COURT JURISDICTION/AB350?	□ Yes □ No	
HOW DID YOU BECOME AWARE OF	ГНІЅ PROGRAM? (please	e check the box that applies)
☐ Caseworker ☐ Foster Parent ☐ Colle	ege/University/Vocational	Program □ CASA □ Other
School Information	2018 □Spri	ng 2019
COLLEGE/VOCATIONAL/PROGRAM 1	NAME:	
SCHOOL ADDRESS:		
MAJOR		
Youth Agreement  I, Program and will work toward successfully eligibility requirements for the Educational	, agree to meet the terms y completing the course wo I and Training Voucher Pro	s and conditions of the Educational Training Vouch ork at the school listed above. I have read the policy ogram funds. Further, I certify that all information ing false information or the misuse of funds will res
Youth's Signature:		Date:
Caseworkers Name:		Date:

## **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 on or after their 16th birthday from foster care
- Youth who has been accepted to an accredited post-secondary or vocational school
- Youth who agrees 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,
- > 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	er or copy of court order releasing you from foster care]
☐ Education Training Voucher Application	
☐ Letter of acceptance to school/program [i	f not yet registered for classes]
□ <b>loopy</b> of class schedule to ensure at least	st 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 docume	enting all financial aid received and financial need
☐ Copy of Academic and Financial Aid Rel	ease of Information form submitted to school/program
☐ Children's Cabinet Release of Informatio	n form
☐ Copy of students "Court Jurisdiction" but	dget (AB350 budget/Post 18 Agreement budget)
☐ Completed Student Budget Form	
☐ Copy of your current photo ID	
☐ Authorization agreement for ACH debit/I	Direct Deposit – (for stipends and/or reimbursements)
The applicant must also submit a copy of completed]	the following to their school or program: [Check when
□Completed Academic and Financial Aid F	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 # not requ	ired if payee is a corporation]
All documentation MUST include:amount du	<mark>ie, name of payee, address, phone #, and Federal Tax ID #</mark>
☐ Rent-Copy of Lease	☐ Loan Payments-Copy of bill or payment coupon
☐ Child care—Statement from provider	☐ Utilities — ie: complete billing in students' name
☐ Books—Printout from school bookstore	☐ Other—Call for instructions

## **Academic and Financial Aid Release**

School:	
School: (print name of school or program you ar	e attending)
RE: Student ID:	
(print your student ID)	
Student Login:	Student Password:
I have completed the FAFSA □ye I have attached copy of financial a	s □no (please check one) id award letter from my school of choice □yes □no (please check one)
To the Registrar and/or Financi	al Aid Office:
I,	(print name) have applied for Federal/State funding towards
my school costs. In order to receiv	re this funding, the Education and Training Voucher (ETV) Program
staff at The Children's Cabinet, In	c. 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 Voi	icher (ETV) Program. I authorize you to release information regarding
my academic and/or financial state	us 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.
Sincerely,	
(Student Signature)	(Date)
Please check one of the following:	
I am a □full time student (	credits) part time student ( credits)
Expiration Date:	
* Expiration should meet the needs of the c	lient 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 FAX-775-352-8098 (866) 741-3218



## The Children's Cabinet Release

I,	<u>,(pro</u>	int name) have applied for Federal/State funding towards my					
school cos	ts. In order to receive this funding, the Edu	cation and Training Voucher (ETV) Program staff at The					
Children's	Cabinet, Inc. may need to speak with agen	ncies or people to gather information to make direct payments					
on my beh	on my behalf. If required, I authorize The Children's Cabinet to exchange information with the agencies/people						
listed belo	w via US Mail, email, telephone or fax. I f	further authorize The Children's Cabinet, Inc. to release					
informatio	n regarding my ETV funding status.						
Sincerely,							
(Student S	Signature)	(Date)					
		D TO RELEASE AND EXCHANGE H THE CHILDREN'S CABINET					
St	ate of Nevada Division of Child and Famil	y Services					
(initial)	ounty/Agency of Foster Care Origin						
(initial)	hool/Program of Attendance						
	ntracted AB94/AB350 FAFFY/Court Juris nildren's Cabinet)	diction vendors (Rural IL Service Providers, Step UP, The					
(initial)	ny Vendor for the purposes of paying bills	on your behalf {ie: landlord, utilities, student loan company}					
(initial)	an Emergency Contact Person in case of los	ss of contact with applicant [please list a contact person]					
	Name:						
	Address:						
	Phone #:						
	Relationship to Applicant:						
	on or records to be released and exchanged						
<ul><li>Name</li><li>Address</li></ul>		<ul><li>◆ Date Services for ETV</li><li>◆ Summary of services provided by ETV</li></ul>					
◆ Home & Work phone numbers   ◆ Financial aid from other sources							
	attendance and academic progress	◆ Case management services					
	academic standing	♦ Other					
♦ Funds p	rovided under AB94	♦ Other					
Expiration	n Date:						

<sup>\*</sup>Expiration bate.

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



## **Budget Form**

Monthly Income:		<b>Monthly Expenses:</b>		
Wages from		Housing:		
Employment:	\$	Rent:	\$	
Social Security		Utilities:		
Benefits:	\$	Electric:	\$	
Court Jurisdiction/AB350:	\$	Gas:	\$	
Other:	\$	Garbage	\$	
<b>Sub-Total Income:</b>	\$	Sewer & Water	\$	
		Telephone	\$	
Financ	ial Aid:	Cell Phone	\$	
Pell Grant:	\$	Internet	\$	
		Transportation:		
Otto Huth Scholarship	\$	BusPass:	\$	
Millennium:	\$	Car Payment:	\$	
Other Scholarships	\$ \$ \$	Insurance:	\$	
Other:	\$	Gas:	\$	
Other:	\$	Registration/Repairs:	\$	
		Food:		
Sub-Total FA:	\$	Groceries:	\$	
		School Meal Plan:	\$	
		School Expenses:		
		Tuition and fees:	\$	
		Books:	\$	
		On CampusParkingPass:	\$	
		Family Expenses:		
		Child care:	\$	
		Child Support	\$	
		Personal Expenses:		
		Clothes:	\$	
<b>Total Income:</b>	\$	Toiletries:	\$	
<b>Total Expenses</b>	\$	Other grooming i.e. haircuts:	\$	
-		Loans:		
		Student Loans:	\$	
Shortage/Surplus:	\$	Credit Card Payments:	\$	
2		Personal Loans:	\$	
ETV Request: Fall	\$	Other:	\$	
ETV Request: Spring	\$	Entertainment:		
ETV Request: Summer	\$	Cable TV/Videos/Movies:	\$	
Total Request*	\$	Hobbies/gym fees:	\$	
1	<u>.</u>	Misc: pets, medical, etc.	\$	
*May not exceed \$5,000	.00 per school vear	Savings:	\$	
	<u>r</u>	Total Monthly Expenses:	\$	
		= 3 tm 1:2021111		



## **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)

			# of Months		
Expense	\$ per month	X	(circle months your requesting help)	=	Total Cost
			July/August/Sept/Oct/		
Housing:		X	Nov/Dec	=	
			July/August/Sept/Oct/		
Cell Phone:		X	Nov/Dec	=	
			July/August/Sept/Oct/		
Power:		X	Nov/Dec	=	
			July/August/Sept/Oct/		
Day Care		X	Nov/Dec	=	
Materials			July/August/Sept/Oct/		
Supplies		X	Nov/Dec	=	
Computer					
			July/August/Sept/Oct/		
Transportation		X	Nov/Dec	=	
(Bus/Vehicle)					
			July/August/Sept/Oct/		
Utilities: Other		X	Nov/Dec	=	
			July/August/Sept/Oct/		
Personal		X	Nov/Dec	=	
Stipend					
			July/August/Sept/Oct/		
Loan: Specify		X	Nov/Dec	=	
			July/August/Sept/Oct/		
Other: Specify		X	Nov/Dec	=	
				Total	

<sup>\*\*</sup>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)

			# of Months		,
Expense	\$ per month	$\mathbf{X}$	(circle months your requesting help)	=	Total Cost
			Jan/Feb/March/April/		
Housing:		X	May/June	=	
			Jan/Feb/March/April/		
Cell Phone:		$\mathbf{X}$	May/June	=	
			Jan/Feb/March/April/		
Power:		X	May/June	=	
			Jan/Feb/March/April/		
Day Care		X	May/June	=	
Materials					
Supplies		X	Jan/Feb/March/April/	=	
Computer			May/June		
			Jan/Feb/March/April/		
Transportation		X	May/June	=	
(Bus/Vehicle)			T /P 1 /N / 1 / A *1/		
TICIC OI		***	Jan/Feb/March/April/		
Utilities: Other		X	May/June	=	
			Ion/Eab/Marah/Amil/		
Personal		X	Jan/Feb/March/April/ May/June	_	
		Λ	May/June	=	
Stipend			Jon/Ech/Morch/April/		
Loan: Specify		$\mathbf{x}$	Jan/Feb/March/April/ May/June	=	
Loan. Specify		A	Wiay/June	_	
			Jan/Feb/March/April/		
Other: Specify		X	May/June	=	
onici. Specify		/ <b>X</b>	111uy/June	Total	
				Tutal	

<sup>\*\*</sup>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 Court Jurisdiction/AB350 funds, FAFFY/AB94 funds. (Rural IL service providers, Step-Up, Children's Cabinet, ETC.)
- > Send in class schedules as soon as registered.
- ➤ Once awarded funds.....For Traditional semester schools/programs use the following guidelines:
  - o Fall Semester application/documentation due by July 1 for August disbursements.
  - Spring Semester documentation due by December 1 for January disbursements. (if youth on probation January funds may not be distributed until January 15<sup>th</sup> to verify GPA/Credit criteria)
  - o Summer Semester documentation due by May 1 for mid-end 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 program.
- 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 student may be discharged.
- 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. Cynthia Carstairs, IL Program Director at Desk: 775-856-0155 Email: <a href="mailto:ccarstairs@childrenscabinet.org">ccarstairs@childrenscabinet.org</a> or call Wendy Figueroa at Desk: 775-348-6785 Email wfigueroa@childrenscabinet.org Text: 775-830-0397



## 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

- ✓ All students must complete the Free Application for Federal Student Aid (FAFSA). Students can access online at http://www.fafsa.org or <a href="http://www.fafsa.ed.gov">http://www.fafsa.ed.gov</a> or by calling the FederalStudentAidInformationCenter 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 15<sup>th</sup> for the Fall semester.
- ✓ 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 <a href="http://www.fc2success.org">http://www.fc2success.org</a>
- ✓ Otto A. Huth Scholarship for Nevada's aged out foster youth. Must apply before 19<sup>th</sup> birthday, 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

<u>www.Collegescholarships.com</u> CollegeScholarships.com <u>www.JackieRobinson.org</u> The Jackie Robinson Foundation

https://scholarships.uncf.org/ UNCF Scholarships, Programs, Internships and Fellowships

http://foundation.walmart.com/our-focus/associate-scholarships WAL-MART

<u>www.fastweb.com</u> Fastweb <u>www.fastaid.com</u> Fastaid

<u>www.GoCollege.com</u> Go College <u>www.Collegefunds.net</u> Collegefunds.net

www.HSF.net Hispanic Scholarship Fund

7/24/2018