



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 The Children's Cabinet, 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 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: ccarstairs@childrenscabinet.org

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.



**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

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 The Children's Cabinet 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 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



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 social worker or copy of court order releasing you from 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 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
- The Children’s Cabinet Release of Information forms
- Copy of student’s “Court Jurisdiction” budget
- Copy of your current photo ID

The applicant must also submit a copy of the following items if applicable

- Rent-Copy of Lease
- Childcare—Statement from provider
- Books—Printout from school bookstore
- Loan Payments-Copy of bill or payment coupon
- Utilities — Billing in student’s name

The Children’s Cabinet, Inc.

777 Sinclair Street

Reno, NV 89501

Phone: 775-352-8090

Fax: 775-322-1007

1-866-741-3218

www.childrenscabinet.org

or

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

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 and agree that The Children’s Cabinet, Inc. can release information regarding my ETV funding status and be set up as a third party on my student center account.

(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 2021 (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

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

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

Expiration Date: _____

*Expiration should meet the needs of the client from date of signature to June 30 of 2021 (current school year).