



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



## Education and Training Voucher (ETV) Program 2024-2025 Application

---

### Education and Training Voucher (ETV) Program

Nevada's Education and Training Vouchers (ETV) Program, operated by The Children's Cabinet and 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 Nevada. Use this application for the Summer 2024, Fall 2024, Spring 2025 and Summer 2025 (attending school between July 1, 2024, and June 30, 2025).

### ETV Eligibility

1. At least 14 years of age and currently under the legal custody of the state OR aged out of foster care at 18 OR 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.
7. Not receiving ETV in a different state.

### 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 2024-2025 Application

### Section 1. Application 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 okay 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.

#### How would you describe yourself?

*How you feel inside and how you express your gender.*

- |  |  |
|--|--|
| <input type="checkbox"/> Female                            | <input type="checkbox"/> Gender Queer/Gender non-conforming  |
| <input type="checkbox"/> Male                              | <input type="checkbox"/> Prefer not to disclose              |
| <input type="checkbox"/> Transgender Woman/Trans           | <input type="checkbox"/> Different identity; Please specify: |
| <input type="checkbox"/> Female Transgender Man/Trans Male |  |

#### Which of the following best represents your sexual orientation?

*Sexual orientation is who you are attracted to and want to have relationships with.*

- |   |  |
|---|--|
| <input type="checkbox"/> Heterosexual     | <input type="checkbox"/> Prefer not to disclose.     |
| <input type="checkbox"/> Gay              | <input type="checkbox"/> Not listed; Please specify: |
| <input type="checkbox"/> Lesbian Bisexual |  |

#### Which of the following best represents your Race?

*Please select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> I don't know.          |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Don't want to answer.  |
| <input type="checkbox"/> Hawaiian/Other Pacific Islander        | <input type="checkbox"/> Other; Please specify: |
| <input type="checkbox"/> Middle Eastern or North African (MENA) |   |

#### 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)*

- |  |  |
|--|--|
| <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) | <input type="checkbox"/> I don't know.         |
| <input type="checkbox"/> Hispanic/Latin(a)(o)(x)         | <input type="checkbox"/> Don't want to answer. |



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



- 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  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 2024 – 2025 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](http://www.studentaid.gov) to complete the FAFSA which is **REQUIRED** as part of your application.

3. Will you be enrolled:  Half-time  Three-quarter time  Full-time

4. Indicate each term you plan to attend:  Summer 2024  Fall 2024  Spring 2025  Summer 2025

5. Please identify the final degree or certificate you plan to achieve:

- Apprenticeship
- Associate's Degree
- Bachelor's Degree
- Vocational/Technical Certificate
- Advanced Degree (Master's or Doctorate Degree)

### Section 4. Application Consent (Read and agree by initialing in each section.)

1. \_\_\_\_ (initial) I understand that I must sign each financial request to ETV for The Children's Cabinet or 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 that I must complete the Free Application for Federal Student Aid (FAFSA) each year.
6. \_\_\_\_ (initial) I understand that if I leave school for any reason prior to starting or during a term I must notify the Children's Cabinet or CCSS immediately.

*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 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

**If you have any questions or need assistance with the application process, please contact either The Children's Cabinet or Clark County Social Service.**

#### The Children's Cabinet

777 Sinclair Street. Reno, NV 89105

Office: 775-352-8090

Fax: 1-866-741-3218

[www.ChildrensCabinet.org](http://www.ChildrensCabinet.org)

#### Joseph Taylor, LMSW

Clark County, ETV Supervisor

Phone (Mainline): 702-455-0468

Website: [www.clarkcountynv.gov/residents/assistance\\_programs](http://www.clarkcountynv.gov/residents/assistance_programs)

#### Stacey Holland, LSW

Clark County ETV Coordinator

Phone: 702-279-0818

Email: [ETV@ClarkCountyNV.gov](mailto:ETV@ClarkCountyNV.gov)

If you experienced foster care in Clark County, please submit your completed application to:

[ETV@ClarkCountyNV.gov](mailto:ETV@ClarkCountyNV.gov)

If you experienced care in any other Nevada county, please submit your completed application

to: [ccarstairs@childrenscabinet.org](mailto:ccarstairs@childrenscabinet.org)