

RICHARD WHITLEY, MS

Director

ROSS E. ARMSTRONG
Administrator

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*

- Books
- Child Care Expenses
- Miscellaneous Personal Expenses
- Personal Computer & Supplies
- Student Loans (must be current year)
- School Supplies
- Transportation

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.childrenscabinet.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):
 - o 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 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@childrenscabinet.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 2020 & Spring 2021 Please complete all lines and circle all choices that apply to you

NAME:					
GENDER: Male Femal	de CUF	RRENT AGE:_		ETHNICITY:	<u> </u>
DATE OF BIRTH:			TELE	EPHONE: ()
CELL PHONE: ()			WOR	K PHONE: ()
E-MAIL ADDRESS:					_
COUNTY of FOSTER CARE	CASE:				
CURRENT PHYSICAL ADDR (Street, city, state and zip code)	RESS:				
MAILING ADDRESS:(Street, city, state and zip code))				
FAMILY COMPOSITION:	Single	Married	Living	g with significant	other
LIST NUMBER OF CHILDRI	EN IN HOME:				
ARE YOU EMPLOYED?	Yes	No			
ARE YOU RECEIVING COU	RT JURISDICT	TION STIPEND	os?	Yes	No
HOW DID YOU BECOME AV	VARE OF THIS	S PROGRAM?			
Caseworker Foster Parent	College/Unive	ersity/Vocationa	l Program	CASA	Other
SCHOOL INFORMATION:	Fall 2020	Spring 2021			
COLLEGE/VOCATIONAL P	ROGRAM NAM	ЛЕ:			
SCHOOL ADDRESS:(Street, city, state and zip code))				
YEAR IN SCHOOL PROGRA	M : 1 st	2^{nd} 3^{rd}	4 th	5 th	
MAJOR:					
I,	ducational and Towledge and I un I understand Tl	raining Voucher derstand that pro he Children's Ca	rms and conse work at the Program function false oviding false binet will be	inds. Further, I ce information or th	ertify that all information is true ne misuse of funds will result in
Youth's Signature:				Date:	
Caseworker Name:				Date:	
Caseworker Email:				Phone	e: ()

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 do	cuments before the application can be approved:
[Check when included]	
☐ Proof of Eligibility, [letter from social wor	ker or copy of court order releasing you from foster care
☐ Education Training Voucher Application	
☐ Letter of acceptance to school/program [if n	ot yet registered for classes]
☐ Copy of class schedule to ensure at least par	
± *	anscripts to ensure passing grades [if applicable - this does
, ,	ing all financial aid received and financial need
± •	se of Information form submitted to school/program
☐ Children's Cabinet Release of Information f	1 0
☐ Copy of student's "Court Jurisdiction" budg	
☐ Completed Student Budget Form	, , ,
☐ Copy of your current photo ID	
** * *	rect Deposit – (for stipends and/or reimbursements)
_	the following to their school or program: [Check when
1 3	ease sent to the financial aid office of your school/program
The applicant must submit the following do [Check when included] [Federal Tax ID number 1]	
All documentation MUST include: amount	due, name of payee, address, phone number, and Federal
Tax ID Number	
☐ Rent-Copy of Lease ☐	Loan Payments-Copy of bill or payment coupon
☐ Child care—Statement from provider ☐	Utilities — ie: complete billing in student's name
☐ Books—Printout from school bookstore ☐	Other—Call for instructions

Academic and Financial Aid Release

School: (Print name of school or program you are attending)		
RE: Student ID:		
Student Login:	Student Passv	word:
I have completed the FAFSA (please circle one):	Yes	No
I have attached copy of the financial aid award lett Yes No	ter from my schoo	ol of choice (please circle one):
To the Registrar and/or Financial Aid Office:		
I,(print	name) have applied	d for Federal/State funding towards my
school costs. In order to receive this funding, the I	Education and Tra	ining Voucher (ETV) Program staff a
The Children's Cabinet, Inc. may need access to my	y 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	-	
academic and/or financial status to the ETV Pro	•	ξ .
authorize and agree that The Children's Cabinet, I	_	-
status and be set up as a third party on my student		mormation regarding my 21 v randing
status and be set up as a time party on my student	center account.	
(Student Signature)		(Date)
Please circle one of the following and complete number of circles	redits:	
I am a: full-time student (credits) / pa	rt-time student (credits)
Expiration Date: * Expiration should meet the needs of the client from dat	e of signature to Jur	ne 30 of 2021 (current school year)
The Children's Collins Lea	 	

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 na	me) have applied for Federal/State funding towards my
school costs. In order to receive this funding, the Educati	
Children's Cabinet, Inc. may need to speak with agencies of	
on my behalf. If required, I authorize The Children's Cabine	
below via US Mail, email, telephone or fax. I further author	
regarding my ETV funding status. The Children's Cabine	
information once it has been released to the below person	
information may be required by law or practice to sha	
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)
A CENCIES A LITHODISED TO	DELEACE AND EVOLVE
AGENCIES AUTHORIZED TO	
INFORMATION WITH THE CHILDRI	EN'S CABINET – PLEASE INITIAL
	: (DCEG)
State of Nevada Division of Child and Family Serv	rices (DCFS).
Current or Former Child Welfare Agency (Clark C	ounty Department of Family Services or Washoe
County Human Services Agency).	ouncy Department of Fulling Services of Washoe
County Human Services Agency).	
School / Program of Attendance.	
School / 1 logium of / ttendunee.	
Contracted Independent Living Service Providers v	who may provide services using Chafee, FAFFY or
Court Jurisdiction funds (DCFS IL Service Provide	
Court surisdiction funds (DCI 5 IL 501 vice 1 fovide	15, Step 01).
Any Vendor for the purposes of paying bills on you	ur hehalf (such as: landlord utilities student loan
company).	ar condit (Such as. fanciora, attitues, stadent foun
company).	
An Emergency Contact Person in case of loss of co	ontact with applicant [please list a contact person]
Name:	
Address:	
DI N. I	
Phone Number:	
Relationship to Applicant:	
	1
Information or records to be released and exchanged shall b	
♦ 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 2021 (current 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:					
	\$				

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

FULIII	
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:	\$

ETV Financial Request Form

\$2,500 Fall 2020 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 (circle/check months for which you are requesting assistance)		=	Total Cost	
Housing:		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Cell Phone:		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Power:		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Day Care		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Materials Supplies Computer		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Transportation (Bus/Vehicle)		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Cable/Internet:		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Personal Stipend:		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Loan: Specify		Multiplied By	July Oct	Aug Nov	Sept Dec	=	
Other: Specify		Multiplied By	July Oct	Aug Nov	Sept 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 2021 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 (circle/check months for which you are requesting assistance)			=	Total Cost
Housing:		Multiplied By	Jan April	Feb May	March June	=	
Cell Phone:		Multiplied By	Jan April	Feb May	March June	=	
Power:		Multiplied By	Jan April	Feb May	March June	=	
Day Care		Multiplied By	Jan April	Feb May	Marcht June	=	
Materials Supplies Computer		Multiplied By	Jan April	Feb May	March June	=	
Transportation (Bus/Vehicle)		Multiplied By	Jan April	Feb May	Marcht June	=	
Cable/Internet:		Multiplied By	Jan April	Feb May	March June		
Personal Stipend		Multiplied By	Jan April	Feb May	March June	=	
Loan: Specify		Multiplied By	Jan April	Feb May	March June	=	
Other: Specify		Multiplied By	Jan April	Feb May	March 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:
 - o 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)
 - o 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
 - o The vendor we pay changes
 - o 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 Cell: 775-343-6938

Email: ccarstairs@childrenscabinet.org.

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/Community Foundation of Western Nevada 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

https://nfpaonline.org/Scholarship 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

https://walmart.org/what-we-do/strengthening-communities/associate-support WAL-MART

www.fastweb.com Fastweb

http://scholarshipopportunity.org/fastaid/ 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