



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 St

Reno, NV89501

775-352-8090

Fax- 775-352-8098

1-866-741-3218

www.childrencabinet.org

or

www.dcfs.state.nv.us/DCFS_ScholarshipInfo.htm

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,
 - 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 Rosana Hill-Thomas at**
- **Desk: 775-348-6778 Email: rhill-thomas@childrencabinet.org Text: 775-772-1488 or call Wendy Figueroa at Desk: 775-348-6780 Email wfigueroa@childrencabinet.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.



DIVISION OF CHILD AND FAMILY SERVICES

Application Form
Fall 2014 - Spring 2015

NAME _____

GENDER: M _____ F _____ CURRENT AGE: _____ ETHNICITY: _____

DATE OF BIRTH _____ TELEPHONE (____) _____

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

E-MAIL _____

COUNTY of Foster Care Case _____

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

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

FAMILY COMPOSITION: ☐ Single ☐ Married ☐ Living with significant other ☐ # of children in home _____

EMPLOYMENT: Are you employed? ☐ Yes ☐ No

COURT JURISDICTION/AB350? ☐ Yes ☐ No

HOW DID YOU BECOME AWARE OF THIS PROGRAM? *(please check the box that applies)*

☐ Caseworker ☐ Foster Parent ☐ College/University/Vocational Program ☐ CASA ☐ Other

School Information ☐ Fall 2014 ☐ Spring 2015

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.

Youth's Signature: _____ Date: _____

Caseworkers Name: _____ Date: _____

Caseworker Signature: _____ Phone: (____) _____

Caseworker Email: _____



DIVISION OF CHILD AND FAMILY SERVICES

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 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 students "Court Jurisdiction" budget (AB350 budget/Post 18 Agreement budget)
- ☐ Completed Student Budget Form
- ☐ Copy of your current photo ID

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 # not required if payee is a corporation]

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

- ☐ 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



DIVISION OF CHILD AND FAMILY SERVICES

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 ☐yes ☐no (please check one)

I have attached copy of financial aid award letter from my school of choice ☐yes ☐no (please check one)

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.

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 client from date of signature to June 30 of 2015 (current school year)

The Children's Cabinet, Inc.
777 Sinclair St.
Reno, NV89501
775-352-8090
866-741-3218
775-352-8098 fax



DIVISION OF CHILD AND FAMILY SERVICES

The Children's Cabinet Release

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.

Sincerely,

(Student Signature)

(Date)

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

(initial) State of Nevada Division of Child and Family Services

(initial) County/Agency of Foster Care Origin

(initial) School/Program of Attendance

(initial) Contracted AB94/AB350 FAFFY/Court Jurisdiction vendors (Rural IL Service Providers, Step UP, The Children's Cabinet)

(initial) Any Vendor for the purposes of paying bills on your behalf {ie: landlord, utilities, student loan company}

(initial) An Emergency Contact Person in case of loss of contact with applicant [please list a contact person]

Name: _____

Address: _____

Phone #: _____

Relationship to Applicant: _____

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

- | | |
|---|---------------------------------------|
| ◆ Name | ◆ Date Services 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 |
| ◆ Current academic standing | ◆ Other _____ |
| ◆ Funds provided under AB94 | ◆ Other _____ |

Expiration Date: _____

***Expiration should meet the needs of the client from date of signature to June 30 of 2015 (current school year)**



DIVISION OF CHILD AND FAMILY SERVICES

Budget Form

Monthly Income:		Monthly Expenses:	
Wages from Employment:	\$	Housing:	
Social Security Benefits:	\$	Rent:	\$
Court Jurisdiction/AB350:	\$	Utilities:	
Other:	\$	Electric:	\$
Sub-Total Income:	\$	Gas:	\$
		Garbage:	\$
		Sewer & Water:	\$
		Telephone:	\$
		Cell Phone:	\$
		Internet:	\$
		Transportation:	
		BusPass:	\$
		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:	\$
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			



DIVISION OF CHILD AND FAMILY SERVICES

ETV Financial Request Form

\$2,500 Fall 2014 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	X	# of Months (circle months your requesting help)	=	Total Cost
Housing:		X	July/August/Sept/Oct/ Nov/Dec	=	
Cell Phone:		X	July/August/Sept/Oct/ Nov/Dec	=	
Power:		X	July/August/Sept/Oct/ Nov/Dec	=	
Day Care		X	July/August/Sept/Oct/ Nov/Dec	=	
Materials Supplies Computer		X	July/August/Sept/Oct/ Nov/Dec	=	
Transportation (Bus/Vehicle)		X	July/August/Sept/Oct/ Nov/Dec	=	
Utilities: Other		X	July/August/Sept/Oct/ Nov/Dec	=	
Personal Stipend		X	July/August/Sept/Oct/ Nov/Dec	=	
Loan: Specify		X	July/August/Sept/Oct/ Nov/Dec	=	
Other: Specify		X	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.**



DIVISION OF CHILD AND FAMILY SERVICES

ETV Financial Request Form

\$2,500 Spring 2015 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	X	# of Months (circle months your requesting help)	=	Total Cost
Housing:		X	Jan/Feb/March/April/ May/June	=	
Cell Phone:		X	Jan/Feb/March/April/ May/June	=	
Power:		X	Jan/Feb/March/April/ May/June	=	
Day Care		X	Jan/Feb/March/April/ May/June	=	
Materials Supplies Computer		X	Jan/Feb/March/April/ May/June	=	
Transportation (Bus/Vehicle)		X	Jan/Feb/March/April/ May/June	=	
Utilities: Other		X	Jan/Feb/March/April/ May/June	=	
Personal Stipend		X	Jan/Feb/March/April/ May/June	=	
Loan: Specify		X	Jan/Feb/March/April/ May/June	=	
Other: Specify		X	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.**



DIVISION OF CHILD AND FAMILY SERVICES

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:
 - 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 15th to verify GPA/Credit criteria)
 - 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. **Rosana Hill-Thomas at Desk: 775-348-6778**
Email: rhill-thomas@childrencabinet.org Text: 775-772-1488 or call Wendy Figueroa at Desk: 775-348-6780 Email wfigueroa@childrencabinet.org Text: 775-830-0397



DIVISION OF CHILD AND FAMILY SERVICES

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.*

- ✓ All students must complete the **Free Application for Federal Student Aid (FAFSA)**. Students can access online at <http://www.fafsa.org> or <http://www.fafsa.ed.gov> 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 15th 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 <http://www.fc2success.org>
- ✓ **Otto A. Huth Scholarship** for Nevada's aged out foster youth. Must apply before 19th birthday, attend school full-time in Nevada, and apply before April 15 every year. www.dcf.state.nv.us/ScholarshipInfo/Otto_A_Huth_Scholarship_Policy.pdf.
- ✓ **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):

<https://www.orphan.org/sch/> The Foster Care to Success Scholarship Program
<https://nevadatreasurer.gov/MillenniumScholarship.htm> 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
<http://www.leaguefoundation.org/scholarships/apply.cfm> League Foundation Scholarship
<http://scholarshipssss.com/> Scholarshipssss.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.GoCollege.com Go College
www.HSF.net Hispanic Scholarship Fund
www.Scholarships.com Scholarship.com
www.fastaid.com Fastaid
www.Collegefunds.net Collegefunds.net
www.Freschinfo.com Freschinfo.com
CASA Foundation in your area