

Texas Education And Training Voucher Program

NEW Application Packet



Funding provided through the Chafee Foster Care Independent Program
Administered by The Texas Department of Family and Protective Services

Dear Applicant:

The Department of Family and Protective Services (DFPS) is pleased to present the Education and Training Voucher Program (ETV).

The program offers funds to eligible youth to enable them to attend college, universities and vocational training institutions

It is our hope you will read the enclosed material to make sure you meet the requirements and will then complete the application.

To be considered you must mail or fax the application and all supporting documents to:

DFPS
701 W. 51st Street, MC W-157
Austin, Texas 78714-9030
Attention: David Smith or Caroline Bagues
Fax # 512/339-5807

If you prefer, you may fill out the application on-line at:

http://www.dfps.state.tx.us/Child_Protection/Preparation_For_Adult_Living/etv.asp and choose the word document format.

If you need help with the application please contact your PAL Coordinator, caseworker, foster parent or foster care provider, aftercare case manager, mentor or a trusted adult for assistance. For more information please contact ETV at 1-800-233-3405 option 2, through email at (etv@dfps.state.tx.us) or you may visit our web site at www.dfps.state.tx.us.

Sincerely,

David Smith
Caroline Bagues
ETV Coordinator

THE EDUCATION AND TRAINING VOUCHER APPLICATION

Please indicate what YEAR _____

I will be attending (Check All that Apply):

- Fall
- Spring
- Summer
- Other _____



1. Application Data

Last Name _____ First Name _____ Middle Initial _____

Current Street Address _____ Apartment # _____

(Where you want your mail sent)

City _____ State _____ ZIP Code _____

Age _____ Date of Birth _____ Social Security Number _____

Current Phone () _____ E-Mail Address _____

Cell Phone () _____

Monthly Income \$ _____

Source of Income Working Full-Time Working Part-Time

Other (specify) _____

Male

Female

Please indicate your status:

Alaskan Native

American Indian

Asian or Pacific Islander

African American

Hispanic

White

Unknown

Other (specify) _____



2. Contact Information

Please provide contact information for one person who will always be able to get in touch with you.

Last Name _____ First Name _____

Street Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone () _____ E-Mail Address _____

Case Manager Information If Applicable

Last Name _____ First Name _____

Agency _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone () _____ E-Mail Address _____

Please provide the name of the last county/city in which you were in foster care _____



3. School Information (vocational/technical, community college, junior college, university)

Type Of School You Are, Or Will Attend

Vocational/Technical Community College Junior College

Four Year Institution Other (specify) _____

College Major/Area of Study _____

School Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone () _____ E-Mail Address _____

Financial Aid Office Information for the School above

Street Address _____

City _____ State _____ ZIP Code _____

Phone () _____ E-Mail Address _____

Please check all sources of funding you have or will receive for education or training for

PELL Grant \$_____

Orphan Foundation Of America (OFA) \$_____

State College Tuition Waiver Other (specify) _____ \$_____



4. Expense Information

Tuition and Fees \$_____ (enter 0 if you are using the college tuition and fee waiver benefit)

Tuition and Fees \$_____ (for non state-supported institution or if you are not eligible for the state tuition and fee waiver for former foster care youth)

Living Arrangement?

- Own Apartment
- Apartment with Roommate
- Room & Board with former foster parent
- Live with friends
- Live on Campus
- Rooming House
- Living with Relative
- Living with parent

Age(s) and number of children needing child care_____ Age _____
(Child care only relates to the student's own child)

Applicant's Signature

Date

In accordance with the Texas Administrative Code, Title 40, Chapter 700, Rule §700.310, you are entitled to a fair hearing if your application is not approved, or if you have been suspended or terminated from receiving ETV benefits. If you want a fair hearing, please notify the department in writing within 90 days of receiving notice.

DATA COLLECTION AND REPORTING AGREEMENT (Please sign only one of the agreements below)

I, _____, as a participant in the Education and Training Voucher program, hereby **GIVE** permission to the Department of Family and Protective Services to use all information obtained through my participation for purposes of gathering statistical information, reporting and evaluation. I understand the information gathered will be considered confidential and will only be used for the purposes stated above.

Applicant's Signature

Date

DATA COLLECTION AND REPORTING AGREEMENT

I, _____, as a participant in the Education and Training Voucher program, hereby **DO NOT** give permission to the Department of Family and Protective Services to use all information obtained through my participation for purposes of gathering statistical information, reporting and evaluation. I understand the information gathered will be considered confidential and will only be used for the purposes stated above.

Applicant's Signature

Date

COMPLETED BY PAL/CASE MANAGER

Verification can be obtained from your PAL Coordinator or Aftercare Case Manager. If you don't have a case manager or coordinator, a copy of your state tuition waiver letter will serve as proof of your eligibility to participate in the program.

PAL/ Casemanager: Please check all that apply in both Eligibility AND Qualification sections

Eligibility

- Youth has aged out of DFPS foster care but has not yet turned 21
 - Youth is in DFPS foster care, is at least age 16, and is likely to remain in foster care until turning 18, or
 - Youth was adopted from DFPS foster care after turning 16 years old and has not yet turned 21, or
 - Youth is or will be participating in the education/training voucher program on his/her 21st birthday and will remain eligible until 23 as long as he/she is enrolled and making satisfactory progress toward completing his/her postsecondary education or training program
-

Qualifications

The ETV Program ONLY provides monetary assistance for eligible youth who are enrolled in an **"Institution of higher education"**

- Youth is between 16 and 21, has a high school diploma or equivalent, and is or will be attending a public or non-profit program that provides a bachelor's degree or not less than a 2 year program that provides credit towards a degree or certification, or
- Youth is beyond the age of compulsory school attendance (age 18) and is attending an accredited or preaccredited program that provides not less than one year of training toward gainful employment
- Online/correspondence/distance courses. Please contact ETV to seek attendance approval

Please report amount that will be used for the current school year

After Care Room and Board \$ _____

Transitional Living Allowance \$ _____

Student's Name

Date of Birth

Authorized Signature

Date

Application Check List

You **must** have all the following documents attached before you send in the application.
Incomplete applications will not be accepted.

- Complete the application
- Your signature on page 5
- A copy or verification of your high school diploma or GED certification if attending a college or university
- A copy of your most recent transitional living plan, plan of service, discharge plan, or your own personal written plan for your future
- Verification from your PAL Coordinator, Aftercare Case Manager, or a copy of your state tuition waiver letter for proof of your eligibility to participate in the program
- A letter of recommendation from your PAL Coordinator, caseworker, foster parent or foster care provider, aftercare case manager, mentor, or employer. The letter should focus on personal and academic performance
- A copy of your current financial aid award letter (if applicable), or billing statement from the vocational training program
- A print out of your class schedule for the semester you are currently applying for (Fall, Spring, Summer)
- Data collection and reporting agreement (Please sign only one of the agreements)
- Make a copy of the application and supporting documentation for your records
- Grade report required unless not applicable