



# Application Form

(Please note that this is not the only form that needs to be completed. See the ETV Checklist)

## Basic Information

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

COUNTY of Foster Care Case \_\_\_\_\_ CASE #/PERSON ID \_\_\_\_\_

AGENCY of Foster Care Case \_\_\_\_\_ JJ Cases Only PLACEMENT \_\_\_\_\_

Are you an Unaccompanied Refugee Minor (URM)? NO YES Alien ID# \_\_\_\_\_

CASE WORKER'S NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

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

DHS Caseworker Non-DHS Caseworker School Counselor Foster Parent College/University/Vocational Program

## School Information

SCHOOL NAME \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

YEAR IN SCHOOL/PROGRAM \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_

FINANCIAL AID OFFICE ADDRESS \_\_\_\_\_  
Street City State Zip

FINANCIAL AID OFFICE TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

**Total ETV Amount Requested** (Up to \$2,250 twice per fiscal year\*): \_\_\_\_\_

(Please list budget on the following provided page)

## **Youth Agreement**

I, \_\_\_\_\_, agree to meet the terms and conditions of the Education and Training Voucher Program and will work toward successfully completing the course work at the school listed above. I also agree that all school documents that I have submitted are official. I understand that if any of the information I have submitted is found fraudulent, I may be found permanently ineligible for ETV funding. I have read the eligibility requirements for the Education and Training Voucher Program funds.

**Youth's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Fiscal Year October 1, 2016-September 30, 2017\*