



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 \$2,500 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, 2017-September 30, 2018