



ETV Student Educational Agreement



Student Name _____
 Address _____
 City, State Zip _____
 DHS Case Number _____

In order to be approved for Education and Training Voucher (ETV) to help fund my post-secondary educational endeavors, I _____ (print name) agree to the following conditions. **Please initial beside each commitment:**

- ____ To complete and submit all necessary documentation according to the ETV application requirements.
- ____ To maintain full-time or part-time status at my post-secondary institution.
- ____ To maintain a 2.0 cumulative G.P.A. or the equivalent of passing grades and complete all classes each semester (exception is made to one incomplete or withdrawal per semester).
- ____ To send in my grades to the ETV office after EACH semester.
- ____ To understand I can only access eligible ETV amount during term applied for funding.
- ____ To provide receipts for the full amount of money awarded to the ETV Program.
- ____ To contact the ETV Program for address, phone, and/or email changes.
- ____ To meet the goals, listed below, of this Student Education Agreement.

In the space provided identify long-term educational and career goals. Include any extracurricular activities that will help attain these goals:

1. _____
2. _____
3. _____
4. _____
5. _____

If the above conditions are met, I may receive up to \$2,250 twice per fiscal year from the State of Michigan's Education and Training Voucher Program to support my documented need for post-secondary educational endeavors (this may include assistance with tuition, room and board, and personal miscellaneous expenses).

By signing below I agree that I have been involved in the development of the student education agreement plan and accept responsibility for this plan. I understand that I must meet the above conditions, or I will not receive the education training voucher funds.

 YOUTH'S SIGNATURE

 DATE