

## Education and Training Voucher (ETV) Program and Passport to Careers Program 2024-2025 Application

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### Education and Training Voucher (ETV) Program

The ETV Program offers financial assistance to eligible youth to attend an accredited college, university, vocational or technical college. The ETV program helps students in their own efforts to secure financial aid to enroll in college. The maximum ETV award is \$5,000. Awards are unique to each student and are based on the cost of attendance formula established by their college and any unmet need they may have within their financial aid award.

### ETV Eligibility

You may be eligible to apply if you meet any **one** of the following:

- You are 15 years old or older, are currently involved in a dependency action in a Washington state or tribal court, are in the custody of the Department of Children, Youth, and Families or a tribal child welfare agency and are in foster care.
- You are age 18 to 20 and exited state or tribal foster care because you reached the age of majority at age 18. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- You are age 15 to 20 and left Washington state or tribal foster care at age 15 or older for an adoptive or relative guardianship placement.
- You received ETV funds prior to your 21<sup>st</sup> birthday, therefore you are eligible until your 26th birthday. ETV cannot fund more than 20 quarters or 15 semesters.

### ETV Application

Complete the application between **January 1, 2024 and April 30, 2024**, to meet the priority deadline. All eligible applications received after April 30<sup>th</sup> and before July 31<sup>st</sup> will be placed on a waiting list. Return your application to:

**etwash@dcyf.wa.gov**

You will be notified regarding whether or not you are eligible within 10-14 business days after we receive your application. If determined eligible you will be asked to submit other supporting documents to determine an award.

### Passport to Careers Program

The Passport to Careers program helps students from foster care and unaccompanied homeless youth prepare for and succeed in college, apprenticeships, or pre-apprenticeships. Under the Passport to Careers program, there are two sub-programs:



- **Passport to College Scholarship** – participants receive a scholarship to help with the cost of attending college, individualized support services and priority consideration for the State Need Grant and State Work Study programs.
- **Passport to Apprenticeship Opportunities** – participants receive assistance with covering occupational specific costs such as tuition, fees, work clothes, rain gear and occupation-related tools.

### Passport Eligibility:

To be eligible for Passport, you must:

- Have been in Washington state, federal or tribal foster care after age 13, or have experienced unaccompanied homelessness in the past academic year,
- Enroll at least half-time in an eligible college, apprenticeship or pre-apprenticeship by your 22<sup>nd</sup> birthday,
- Maintain Washington residency and not pursue a degree in theology,
- Be working toward earning your first bachelor's degree, associate degree, certificate, pre-apprenticeship or apprenticeship.

For more information about Passport, call 1-888-535-0747 (option 3) or email [Passport@wsac.wa.gov](mailto:Passport@wsac.wa.gov).

## Education and Training Voucher (ETV) & Passport to College Promise Program & Scholarship 2024-2025 Application

**Keep a copy of this application for your records.**

Section 1. Applicant Information															
NAME (FIRST, MIDDLE INITIAL, LAST)	DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	LAST FOUR DIGIT OF SOCIAL SECURITY NUMBER												
MAILING ADDRESS	CITY	STATE	ZIP CODE												
HOME PHONE (INCLUDE AREA CODE)			CELL PHONE (INCLUDE AREA CODE)												
			EMAIL												
Date you received your: <input type="checkbox"/> High school diploma <b>or</b> <input type="checkbox"/> GED      Date (MM/DD/YYYY):															
Section 2. Program Development Information															
<p>The following information is collected for program development purposes only and is not considered in the eligibility process.</p> <ol style="list-style-type: none"> <li>1. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No                If you answered "No," are you a legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No                Alien Registration Number: _____</li> <li>2. If English is not your first language, what language do you speak best? _____</li> <li>3. What do you consider your race?               <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> African</td> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Hispanic of European Ancestry</td> </tr> <tr> <td><input type="checkbox"/> Black American</td> <td><input type="checkbox"/> White or Caucasian</td> <td><input type="checkbox"/> Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Hispanic / Latino</td> <td><input type="checkbox"/> Asian – Asian American</td> <td><input type="checkbox"/> Multi-racial</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> </li> <li>4. Are you: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</li> <li>5. Will you be responsible for a child while in college? <input type="checkbox"/> Yes; how many?      <input type="checkbox"/> No</li> <li>6. Are you participating in the Extended Foster Care Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. If you answered no, would you like information about the Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>8. Did you experience unaccompanied homelessness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>				<input type="checkbox"/> African	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic of European Ancestry	<input type="checkbox"/> Black American	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Asian – Asian American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> African	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic of European Ancestry													
<input type="checkbox"/> Black American	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Pacific Islander													
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Asian – Asian American	<input type="checkbox"/> Multi-racial													
<input type="checkbox"/> Other: _____															
Section 3. Contact Information															
Do you have an Independent Living (IL) Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If you answered "Yes," provide your IL Provider's name and contact information:															
NAME (FIRST, LAST)		AGENCY NAME													
WORK PHONE (INCLUDE AREA CODE)		EMAIL													
Provide contact information for an adult such as a foster parent, relative or other supporting adult:															
NAME (FIRST, LAST)		RELATIONSHIP TO APPLICANT													
HOME PHONE (INCLUDE AREA CODE)		CELL PHONE (INCLUDE AREA CODE)													
		EMAIL													
Section 3. Contact Information (Continued)															

Provide contact information for your social worker:	
NAME (FIRST, LAST)	AGENCY NAME
WORK PHONE (INCLUDE AREA CODE)	
CELL PHONE (INCLUDE AREA CODE)	EMAIL

**Section 4. Enrollment Information**

1. List the colleges and / or universities you applied or will apply to, for the 2024-2025 academic year:

NAME OF THE COLLEGE/UNIVERSITY OR APPRENTICESHIP	FIELD OF STUDY

2. Did you complete the Free Application for Federal Student Aid (FAFSA) or, if you are an undocumented student, the Washington Application for State Financial Aid (WASFA)?  
 Yes, date completed: \_\_\_\_\_  
 No, go to [www.fafsa.wa.gov](http://www.fafsa.wa.gov) to complete the FAFSA which is **REQUIRED** as part of your application.

3. Will you be enrolled:  Half-time (6 – 11 credits) **or**  Full-time (12 or more credits)

4. Indicate each term you plan to attend:  Summer 2024     Fall     Winter     Spring     Summer 2025

5. Please identify the final degree or certificate you plan to achieve:  
 Associate Degree                       Vocational or Technical Certificate / Degree  
 Bachelor Degree                       Apprenticeship (Passport only)     Pre-Apprenticeship (Passport only)  
 Other: \_\_\_\_\_

**Section 5. Application Consent**

SIGNATURE (TYPED OR E-SIGNATURE OK)	DATE
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**Section 6. Participation Agreement**

As a participant of the Education and Training Voucher (ETV) Program, you are responsible for following your college's Satisfactory Academic Progress (SAP) and Pace of Progression requirements as well as the ETV Requirements listed below. By signing and returning this form, you acknowledge that you have read and understand your responsibilities as an ETV recipient.

I understand I must:

- Complete the **Free Application for Federal Student Aid (FAFSA)** each year.
- Complete and submit the **Renewal Application** and **Participation Agreement** each year between **January 1 and April 30** to meet the priority deadline.
- Complete and sign an **ETV Spending Plan** for each term before any funds can be disbursed.
- Submit the additional information listed below to be awarded ETV and to be able to continue accessing my ETV Award:
  - **FAFSA Confirmation Email OR Student Aid Report (SAR)**
  - **Cost of Attendance**
  - **Financial Aid Award Letter**
  - **Class Schedule:** Required at the beginning of each term
  - **Unofficial Transcripts:** Required at the end of each term

**I understand failure to do so will result in disbursements being delayed.**
- Attend an accredited college, university, vocational or technical college.
- Be eligible for financial aid.
- Be enrolled at least half-time or more, meaning **6 or more credits** each term.

8. Be enrolled in at least **one** 100 level college course.
9. Meet my college or university SAP and Pace of Progression requirements.
10. Submit an Education Plan if I am placed on financial aid probation, and return my plan by the requested date.
11. Maintain a 2.0 GPA or better
12. Open/maintain a working email address. I will check my email at least once a week for emails from my ETV team and will reply as required.
13. Communicate with my ETV team at least on a regular basis. IF I DO NOT STAY IN REGULAR COMMUNICATION, MY FUNDING MAY BE AFFECTED
14. Complete and return the **Statewide Payee Registration** form to be eligible to receive ETV disbursements.
15. I understand I am eligible for the ETV program up to my 26th birthday, if I have received funds prior to my 21<sup>st</sup> birthday. If I turn 26 during the quarter / semester I may receive ETV until the end of that term. ETV cannot fund more than 20 quarters or 15 semesters.
16. Contact the program if my financial aid status changes which may be any of the following:
  - I withdraw from college
  - I add or drop a class
  - I received additional financial aid after I submitted my financial aid award letter to the ETV Program.
17. Contact the program if any of the following changes:
  - Address
  - Phone Number
  - Email
  - Banking
18. I understand I may be terminated from the program for the following reason(s):
  - Lack of significant academic progress toward a certificate or degree after six terms; this may be demonstrated by my failure to maintain a 2.0 GPA for six terms (which do not have to be consecutive) or lack of progress from 100 level college courses at the end of six terms.
  - The college I attend informs the ETV program I have been permanently dismissed.
  - I knowingly submit paperwork to the ETV program that contains altered, inaccurate or false information

I have read and understand the responsibilities outlined in the Participation Agreement and agree to comply with the program rules and processes to be able to access my ETV funds. I understand if I fail to comply with the program rules and processes I will not be able to access my ETV funds.

PRINT NAME (FIRST LAST)

DATE

## Section 7. Other Resources



Keep this section for your reference.

### **Free Application For Federal Student Aid (FAFSA)**

The most important step of the financial aid process is to complete the Free Application for Federal Student Aid (FAFSA) each year. Once you have completed the FAFSA the information you provided goes to each college or university you indicated. You may list up to ten (10) colleges/universities. These schools will be able to upload your information to determine how much you are eligible to receive in federal and state financial aid. To complete the FAFSA you can go to: <http://www.fafsa.gov>.

### **Governors' Scholarship**

The Governors' Scholarship for Foster Youth is a scholarship program that helps young men and women, who are currently in an open dependency court order in Washington State, or an open dependency tribal court order, continue their education and earn a college degree. Eligible students must meet specific criteria. To learn more, go to: [www.collegesuccessfoundation.org](http://www.collegesuccessfoundation.org).

### **Independent Living (IL) Program**

The IL program provides services to current and former dependent youth in the legal custody and care of DSHS or tribal out of home care for 30 days or longer after age 15. IL services may continue until a youth's 23<sup>rd</sup> birthday. The program also serves youth who have achieved permanence, such as adoption, kinship guardianship, and return home and meet initial IL eligibility. For more information email: [ILSKIDS@dcyf.wa.gov](mailto:ILSKIDS@dcyf.wa.gov).

### **Extended Foster Care Program**

The Extended Foster Care program provides an opportunity for young adults exiting foster care at age 18 to voluntarily agree to continue receiving foster care services, including placement services, while the youth completes a secondary or post-secondary program. For more information you can contact the Extended Foster Care Program Manager at [Christopher.McLaughlin@dcyf.wa.gov](mailto:Christopher.McLaughlin@dcyf.wa.gov)

### **Independent Youth Housing Program (IYHP)**

The Independent Youth Housing Program (IYHP) provides rental assistance and case management to eligible youth aging out of the state foster care system. These funds are intended to assist in meeting the state goal of ensuring that all such youth avoid experiencing homelessness by having access to a decent, appropriate, and affordable homes in a healthy, safe environment. For more information contact Greg Williamson at [greg.williamson@dcyf.wa.gov](mailto:greg.williamson@dcyf.wa.gov)

### **Medicaid to 26**

You may be eligible for continued Foster Care medical benefits even if you are no longer in foster care or other eligible out-of-home placement. To find out if you are eligible for these medical benefits you can call: 1-844-354-9876

### **The Washboard.org**

The WashBoard.org is a free, web-based nonprofit scholarship matching website for Washington students seeking college scholarships. The goal of the Washboard.org is to connect students with available local and state scholarships using matching technology to compare the applicants profile with the criteria of available scholarships. To learn more you can go to: [www.thewashboard.org](http://www.thewashboard.org).