



Education and Training Voucher (ETV) Program  
**2026–2027 Renewal Application**

**Section 1. Applicant Information**

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_

Pronouns \_\_\_\_\_ Gender  Woman  Man  Non-Binary  Prefer to Self-Describe \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Are you  Married  Single  Separated  Divorced

Will you be responsible for a child while in college?  Yes  No How many?

**Section 2. Contacts**

1. Do you have an **Independent Living (IL) Provider?** Yes No

If you answered "Yes," provide your IL Provider's name and contact information:

Name (First, Last) \_\_\_\_\_

Agency Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

2. Provide contact information for an adult such as a **foster parent, relative, or other supporting adult:**

Name (First, Last) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

3. Provide contact information for your **social worker**:

Name (First, Last) \_\_\_\_\_

Agency Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Section 3. Enrollment Information

School:

Area of Study:

Upcoming Year in College:  Freshman  Sophomore  Junior  Senior

Term:  Quarter  Semester  Clock Hour

Credits:  Half-Time (6–11 credits)  Full-Time (12+ credits)

Degree/Certificate:  Associate degree  Bachelor's degree  Certificate

### Section 4. Financial Aid Information

Date you received your:  High school diploma or  GED; date (MM/DD/YYYY): \_\_\_\_\_

Date (MM/DD/YYYY) you completed the FAFSA: \_\_\_\_\_

### Section 5. Required Documents

The following documents are required before an ETV award can be determined:

- Unofficial College Transcripts
- 2026–2027 FAFSA Confirmation Email OR Student Aid Report (SAR)
- 2026–2027 Financial Aid Award Letter
- 2026–2027 Class Schedule including credits

### Section 6. Extended Foster Care

Are you participating in the Extended Foster Care Program?  Yes  No

If you answered no, would you like information about the Program?  Yes  No

### Section 7. Consent and Certification

The information I gave is true and complete. My student record has private information that is protected by **FERPA (Family Educational Rights and Privacy Act)**. Some of this information cannot be shared with

others unless I give permission. By signing this form, I give permission for the **ETV program** to see and share my financial aid and school information.

I understand that information from this form, and details about my **enrollment, financial aid, and grades**, may be shared between **ETV program staff, Independent Living (IL) providers, and college/university staff** where I go to school.

Print Name (First, Last) \_\_\_\_\_

Signature (Typed or E-signature OK) \_\_\_\_\_ Date \_\_\_\_\_

## Section 8. Participation Agreement

As a participant in the Education and Training Voucher (ETV) Program, you are responsible for following your college's Satisfactory Academic Progress (SAP), Pace of Progression requirements, and the ETV Requirements listed below. I understand I must:

1. Complete the **Free Application for Federal Student Aid (FAFSA)** each year.
2. Complete and submit the **Renewal Application** and **Participation Agreement** each year between **January 1 and April 30** to meet the priority deadline.
3. Complete and sign an **ETV Spending Plan** for each term before any funds can be paid.
4. Submit the information listed below to be awarded ETV and 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 payments being delayed.**

5. Attend an approved college, university, vocational or technical college.
6. Be eligible for financial aid and receive the federal Pell grant.
7. 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.
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 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 receive ETV payments.
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 ETV.

17. Contact the program if any of the following changes:

- Address
- Phone Number
- Email
- Banking

18. I understand I may be exited from the program for the following reasons:

- Lack of academic progress toward a certificate or degree after six terms. For example: 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 school 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 program rules and processes to access my ETV funds. I understand if I fail to comply, I cannot access my ETV funds. By signing and returning this form, you accept your responsibilities as an ETV participant.

Print Name (First, Last) \_\_\_\_\_

Signature (Typed or E-signature OK) \_\_\_\_\_ Date \_\_\_\_\_