



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

# Virginia Department of Social Services

## Education and Training Voucher (ETV) Student Application

### Student Information

“New” students will be attending college or vocational training for the **first** time. These students have not received any funded educational services from the ETV program prior to the application date.

“Returning” students have attended college or vocational training and have used ETV for educational services in the past. They are not new to the ETV program.

NEW STUDENT <input type="checkbox"/> (Please check)		RETURNING STUDENT <input type="checkbox"/> (Please check)	
AGENCY:	FIPS:	Date:	
Last Name:	First Name:	Middle Initial:	
Current Address:		Apartment #:	
City:	State:	Zip Code:	
Date of Birth:	Age:	Email Address:	
Phone #:		Cell Phone #:	

Please check if the student was adopted or entered the Kinship Guardianship Assistance Program (KinGAP) from foster care after turning age 16.

Please provide student's current placement or permanent connection information below.  
(Permanent connection should be an adult who will always be able to get in touch with the student).

Last Name:		First Name:	
Street Address:		Apartment #:	
City:	State:	Zip Code:	
Phone #:		Email Address:	
Cell Phone #:		Type of Placement:	

## Agency Information

Please provide information about the agency with which the student is currently working, or with which the student has most recently worked.

Case Worker:		Agency:	
Email Address:	Phone #:	Fax #:	
IL Coordinator:	Phone #:	Email Address:	

## School & Educational Information

Please provide details about the school or program where the student has enrolled or plans to enroll.

School/Program:		Academic Year:	
Street Address:			
City:	State:	Zip Code:	
Financial Aid Counselor's Name:		Phone #:	
Has the student contacted "The Great Expectations Program" at their local Virginia Community College?		<input type="checkbox"/> Yes, <input type="checkbox"/> No, or <input type="checkbox"/> N/A (not applicable)	

Please provide details about the student's educational history and goals.

- 1. Current College Level:  
 Freshman  Sophomore  Junior  Senior  
 N/A
  - 2. Current enrollment status: *(Please check)*  
 Full Time  Part Time
  - 3. Current term(s) student is applying for:  
*(Please check all that apply per academic year)*  
 Fall  Spring  Summer  N/A
  - 4. Has student applied for FAFSA? *(Please check)*  
 Yes  No
  - 5. Has the student ever had an Individual Education Plan (IEP)? *(Please check)*  
 Yes  No
- (If yes, has this information been provided to the school?)* Yes  No

- 6. Educational Goal or Degree: *(Please check)*  
 Vocational/Technical Certification  
 Associate Degree  
 Bachelor's Degree  
 Masters Degree  
 Other:
- 7. College Major/Area of study:
- 8. Does the student have a current Transition Plan?  
 Yes  No  N/A

## FUNDING REQUEST

AMOUNT OF REQUEST FOR ETV CANNOT EXCEED \$5,000  
PER FISCAL YEAR (JUNE 1<sup>ST</sup> – MAY 31<sup>ST</sup>) OR THE TOTAL  
COST OF ATTENDANCE. ETV FUNDS CAN BE USED FOR A  
TOTAL OF 5 YEARS.

Cost of Attendance (per academic year):

Tuition: \$	Rental or purchase of required equipment: \$
Room and board: \$	Special study project: \$
Books/Fees: \$	Meal plan (if applicable): \$
Transportation: \$	Child Care: \$
Computer, printer, and software: \$ <i>(All students should own or have access to a computer.)</i>	Other related expenses: \$
Total cost of attendance for the academic year: \$	

## Financial Allocation

(Please list all other Grants/Scholarship awards below)

Pell Grant:	Amount \$
Tuition Grant:	Amount \$
Work Study (accepted only):	Amount \$
Scholarships (list all):	Amount \$
Total financial allocations for the academic year: \$	

***(Subtract the total financial allocations from the total cost of attendance for the total amount of ETV that can be requested, provided funds are available.)***

**Total amount of ETV funds that can be requested for the academic year: \$**

Will this student receive a financial aid refund?  Yes or  No If yes, how will these funds be incorporated in the overall cost of attendance? (Please explain)

**FUNDING REQUEST**

DESCRIPTION OF GOODS/SERVICES	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>TOTAL AMOUNT OF ETV REQUESTED FOR THE ACADEMIC YEAR: \$</b>	

A COPY OF THIS APPLICATION SHOULD BE PLACED IN THE STUDENT'S CASE FILE ALONG WITH SUPPORTING DOCUMENTATION

- |  |  |
|--|--|
| <input type="checkbox"/> FINANCIAL AID AWARD LETTER<br><input type="checkbox"/> STATEMENT OF ACCOUNTS (INVOICES/RECEIPTS)<br><input type="checkbox"/> ACCEPTANCE LETTER<br><input type="checkbox"/> REGISTRATION FORMS | <input type="checkbox"/> GRADES/PROGRESS REPORTS<br><input type="checkbox"/> TRANSCRIPTS<br><input type="checkbox"/> ATTENDANCE VERIFICATION RECORD<br><input type="checkbox"/> OTHER: |
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This form should be completed and recorded as an Independent Living (IL) service in Oasis and then placed in the student's case file with supporting documentation per fiscal year (June 1<sup>st</sup> – May 31<sup>st</sup>).

Any changes to the student's status during the fiscal year should be updated on the ETV application in the student's case file and recorded on the education screen in OASIS.

A copy of the FAFSA application should be placed in the student's case file. The student's education screen should also be updated in OASIS.

WE VERIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND THAT THE FOLLOWING INFORMATION REQUIRED FOR RECEIVING ETV FUNDS HAS BEEN REVIEWED AND MEET SPECIFIC CRITERIA

**SIGNATURES**

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STUDENT'S SIGNATURE:
DATE:

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FAMILY SERVICES SPECIALIST OR IL COORDINATOR'S SIGNATURE:
DATE:

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SUPERVISOR'S SIGNATURE:
DATE: