



EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM

### ETV Spending Plan

NAME	ETV AWARD AMOUNT FOR QUARTER OR SEMESTER	DATE
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**Instructions:** Please look over the categories and indicate how you plan to spend you ETV funds. Your total expenses need to match your ETV award indicated above.

Education Related Expenses	Per Quarter or Semester
Tuition and fees	
Housing (on campus)	
Meal plan	
Books	
Equipment / school supplies	
Computer / printer	
Tutoring	
Study abroad / interships	
Other (specify):	
Living Expenses	Per Quarter or Semester
Rent (off campus)	
Groceries	
Utilities	
Phone	
Cable / Internet	
Gas	
Personal care / hygiene	
Child care	
Auto insurance	
Maintenance / repairs	
Transportation / parking	
Out-of-state travel	
Other (specify):	

<b>Total School Expenses:</b>	<b>Grand Total of all Expenses:</b>
<b>Total Living Expenses:</b>	

By signing and submitting this form, I agree that the funds will be used as stated above.

STUDENT SIGNATURE	DATE	ETV STAFF SIGNATURE	DATE
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**Return by mail to:**

The Education and Training Voucher (ETV) Program  
PO Box 45710  
Olympia WA 98504-5710

**OR return by email to:**

[etvwash@dcyf.wa.gov](mailto:etvwash@dcyf.wa.gov)