Education and Training Voucher (ETV) Program and Passport to College Promise Scholarship
2018 – 2019 Application

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 16 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 Social and Health Services 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 16 to 20 and left Washington state or tribal foster care at age 16 or older for an adoptive or relative guardianship placement.
- You received ETV funds prior to your 21st birthday.

ETV Application
Complete the application between January 1, 2018 and April 30, 2019, to meet the priority deadline. All eligible applications received after April 30th and before July 31st will be placed on a waiting list. Remember to sign and date the consent form and return your application to:

DSHS Children’s Administration
ETV Program
P.O. Box 45710
Olympia, WA. 98504-5710

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.

If you have any questions you can contact the ETV program at 1-877-433-8388 or email us at: etvwash@dshs.wa.gov.

Passport to College Promise Scholarship
Through the Passport to College Promise Scholarship, students may be eligible to receive up to $4,500 for the 2018 – 2019 academic year. The scholarship helps cover college expenses, and eligible students may also receive specialized support services from college staff and the College Success Foundation. Passport recipients are also given priority consideration for the State Need Grant and State Work Study programs.

Passport Eligibility
To be eligible for Passport, you must:
- Have spent at least one year in foster care in Washington State after your 16th birthday, and be in care at age 17.5.
- Have aged out of foster care on or after January 1, 2007
- Be enrolled at least half-time in an eligible Washington college by your 22nd birthday
- Maintain Washington residency
- Not pursue a degree in theology
- Be working toward earning your first associates degree, certificate, or bachelor’s degree

Additional Passport Program Information
For more information about the Passport Program, call 1-888-535-0747 (option 3).
**Education and Training Voucher (ETV) Program and Passport to College Promise Scholarship**  
**2018 – 2019 Application**

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

### Section 1. Applicant Information

<table>
<thead>
<tr>
<th>NAME (FIRST, MIDDLE INITIAL, LAST)</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>GENDER</th>
<th>LAST FOUR DIGIT OF SOCIAL SECURITY NUMBER</th>
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<td>□ Female □ Male □ Other</td>
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<tr>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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Date you received your:  
- ☐ High school diploma  
- ☐ GED  
Date (MM/DD/YYYY):

### Section 2. Program Development Information

The following information is collected for program development purposes only and is not considered in the eligibility process.

1. Are you a U.S. Citizen?  
   - ☐ Yes  
   - ☐ No  
   If you answered “No,” are you a legal permanent resident?  
     - ☐ Yes  
     - ☐ No  
     Alien Registration Number: ________________________

2. If English is not your first language, what language do you speak best? ________________________

3. What do you consider your race?  
   - ☐ African  
   - ☐ American Indian  
   - ☐ Hispanic of European Ancestry  
   - ☐ Black American  
   - ☐ White or Caucasian  
   - ☐ Pacific Islander  
   - ☐ Hispanic / Latino  
   - ☐ Asian – Asian American  
   - ☐ Multi-racial  
   - ☐ Other: ________________________

4. Are you:  
   - ☐ Married  
   - ☐ Single  
   - ☐ Separated  
   - ☐ Divorced  
   - ☐ Other: ________________________

5. Will you be responsible for a child while in college?  
   - ☐ Yes; how many? ☐ No  

6. Are you participating in the Extended Foster Care Program?  
   - ☐ Yes  
   - ☐ No  

7. If you answered no, would you like information about the Program?  
   - ☐ Yes  
   - ☐ No

### Section 3. Contact Information

Do you have an Independent Living (IL) Provider?  
- ☐ Yes  
- ☐ No  
If you answered “Yes,” provide your IL Provider’s name and contact information:

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<th>NAME (FIRST, LAST)</th>
<th>AGENCY NAME</th>
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Provide contact information for an adult such as a foster parent, relative or other supporting adult:

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<tr>
<th>NAME (FIRST, LAST)</th>
<th>RELATIONSHIP TO APPLICANT</th>
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**Section 3. Contact Information (Continued)**

Provide contact information for your social worker:

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<th>NAME (FIRST, LAST)</th>
<th>AGENCY NAME</th>
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<tr>
<td>WORK PHONE (INCLUDE AREA CODE)</td>
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**Section 4. Enrollment Information**

1. List the colleges and / or universities you applied or will apply to, for the 2018 – 2019 academic year:

<table>
<thead>
<tr>
<th>NAME OF THE COLLEGE / UNIVERSITY</th>
<th>FIELD OF STUDY</th>
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2. Did you complete the Free Application for Federal Student Aid (FAFSA)?
   - 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 2018  □ Fall  □ Winter  □ Spring  □ Summer 2019

5. Please identify the final degree or certificate you plan to achieve:
   - □ Associate Degree  □ Vocational or Technical Certificate / Degree
   - □ Bachelor Degree  □ Other: ________________________________

**Section 5. Application Consent**

Read and agree by initialing each section below, sign, date and return this application to the ETV program.

______ To the best of my knowledge, all information submitted in this application is complete and accurate. I understand if the information is found to be false, it is sufficient cause for rejection or dismissal from the ETV program.

______ I give permission to the Department of Social and Health Services to provide verification of my foster care status with the Washington Student Achievement Council Passport Program, College Success Program, Independent Living (IL) Provider or any institution to which I have applied, been admitted or I am enrolled.

______ I understand that in order to determine an appropriate award amount and/or to determine my continuing eligibility for an award, the agency or organization assisting me may need to discuss my application and the information in my application with one of the other participating organizations, including the College Success Foundation, Department of Social and Health Services, Washington Student Achievement Council and Independent Living Programs, as well as with the admissions, financial aid and student service offices at any college, university or vocational or technical program which I have applied, been admitted or I am enrolled. I agree to this exchange of information about me.

______ I understand my educational records are confidential and cannot be disclosed without my consent. With that understanding I give permission to any college, university, vocational or technical program I am attending, have attended, or to which I am applying to provide information about me to the following programs and organizations for the purpose of evaluating my application or assisting me in obtaining educational funding: The College Success Foundation, Department of Social and Health Services, Washington Student Achievement Council, Casey Family Programs, Orphan Foundation of America, Seattle University Fostering Scholars Program, IL Programs.

SIGNATURE  DATE
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 Progress 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:

1. Complete the **Free Application for Federal Student Aid (FAFSA)** each year on or shortly after October 1.
2. Complete and submit the **Renewal Application** and **Participation Agreement** each year between January 1 and April 30 to meet the priority deadline.
3. Submit the additional information listed below to be awarded ETV and to be able to continue accessing my ETV Award:
   a. **FAFSA Confirmation Email OR Student Aid Report (SAR)**
   b. **Financial Aid Award Letter**
   c. **Class Schedule**: Required at the beginning of each term
   d. **Unofficial Transcripts**: Required at the end of each term
4. Attend an accredited college, university, vocational or technical college.
5. Be eligible for financial aid.
6. Be enrolled at least half-time or more, meaning 6 or more credits each term.
7. Be enrolled in at least one 100 level college course.
8. Meet my college or university SAP and Pace of Progress requirements.
9. Submit an Education Plan if I am placed on financial aid probation, and return my plan by the requested date.
10. Maintain a 2.0 GPA or better
11. Open and maintain a free email account and check it frequently.
12. Complete and return the **Statewide Payee Registration** form to be eligible to receive reimbursement.
13. Submit the ETV Payment Request form on a **monthly** basis.
14. Monitor my ETV award and budget my funds.
15. Contact the program if my financial aid status changes which may be any of the following:
   a. I withdraw from college
   b. I add or drop a class
   c. I received additional financial aid after I submitted my financial aid award letter to the ETV Program.
16. Contact the program if any of the following changes:
   a. Address
   b. Phone Number
   c. Email

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.

| SIGNATURE | DATE | PRINT NAME (FIRST, LAST) |
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) on or shortly after October 1 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.

Independent Living (IL) Program

The IL program provides services to current and form 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 21st 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@dshs.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 ILSKIDS@dshs.wa.gov or 360-902-0250.

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 Peggy Lewis at lopp300@dshs.wa.gov or Cheryl Bayle at cherylb@cted.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: 1-800-562-3022 ext. 15480.

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.