



DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES

Education and Training Voucher (ETV) Fact Sheet

What do I get?

Up to \$2,500 per semester!!

This can cover the following school related expenses:

- tuition and fees
- room and board
- student loans
- books and school supplies
- transportation
- personal computer/supplies
- child care expenses
- miscellaneous personal expenses

How do I apply?

You can get the application at:
The Children's Cabinet, Inc.
2005 Silverada Blvd. Suite 250
Reno, NV 89512
775-352-8090
Fax- 775-352-8098
1-866-741-3218
www.childrencabinet.org

You **must also** apply for FAFSA
<http://www.fafsa.ed.gov>

Am I eligible?

You are, if you meet the following requirements:

- ✓ were in foster care because of abuse/neglect and have or will age out of foster care,
- ✓ were adopted from foster care on or after your 16th birthday
- ✓ attend, at least half-time, at an **accredited** school that (as defined by the institution):
 - awards a Bachelor's degree or not less than a 2-year program that provides credit towards a degree,
 - provides no less than 1-year of training towards gainful employment, *or*
 - is a vocational program that provides training for gainful employment and has been in existence for at least two years.
- ✓ Maintain a GPA of 2.0 and/or make satisfactory progress in my educational goals
- ✓ If you have moved to Nevada for the sole purpose of attending school, you must access ETV funds in your home state.

You are eligible until your 21st birthday if you meet the above criteria. If you participated in the program before your 21st birthday, eligibility continues until age 23 provided you receive passing grades.

When do I get the award?

- Applications will be processed on a rolling-basis (first come, first served). After **all** of your application materials have been turned in and processed, you will receive an award letter. **Please allow 30 days for the reviewing and processing of your application. If you do not hear from us after 30 days please contact Kathleen Sandoval at 775-352-8090 (ext. 123) or 1-866-741-3218 or ksandoval@childrencabinet.org. She can also be reached by text at 775-682-1325 or Cynthia Carstairs at 775-352-8090 (ext. 116) or cscarstairs@childrencabinet.org.**
- This award will be sent directly to your post-secondary school, your landlord, creditors, and if additional funds are available after your fees are paid, and you have documented the need for other school-related expenses, you may receive a quarterly stipend to assist you in meeting your needs.



DIVISION OF CHILD AND FAMILY SERVICES

Application Form
Fall 2009-Spring 2010

Basic Information

NAME _____ DATE OF BIRTH _____

GENDER: M ___ F ___ CURRENT AGE: _____ ETHNICITY: _____

SOCIAL SECURITY NUMBER _____ TELEPHONE (____) _____

CELL PHONE (____) _____ WORK PHONE (____) _____

E-MAIL _____

COUNTY of Foster Care Case _____

CURRENT ADDRESS _____
(Street, city, state and zip code)

MAILING ADDRESS _____
(Street, city, state and zip code)

FAMILY COMPOSITION: Single Married Living with significant other # of children in home _____

EMPLOYMENT: Are you employed? Yes No

HOW DID YOU BECOME AWARE OF THIS PROGRAM? (please check the box that applies)

Caseworker Foster Parent College/University/Vocational Program CASA Other

School Information Fall 2009 Spring 2010
SCHOOL/PROGRAM NAME: _____

SCHOOL ADDRESS: _____

YEAR IN SCHOOL/PROGRAM: _____

STUDENT ID # _____ MAJOR _____

Youth Agreement

I, _____, agree to meet the terms and conditions of the Educational Training Voucher Program and will work toward successfully completing the course work at the school listed above. I have read the policy and eligibility requirements for the Educational and Training Voucher Program funds. Further, I certify that all information is true and correct to the best of my knowledge and I understand that providing false information or the misuse of funds will result in termination from this program.

Youth's Signature: _____ **Date:** _____

Caseworkers Name: _____ **Date:** _____

Caseworker Signature: _____ **Phone:** (____) _____

Caseworker Email: _____



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Policy and Eligibility Requirements

(Checklist of Documentation that must be submitted with this application)

Documentation of Eligibility:

ETV program eligibility extends to:

- Those youth who were in foster care on or after their 18th birthday, or
- Those youth who were adopted on or after their 16th birthday from foster care
- Youth who has been accepted to an *accredited* post-secondary or vocational school
- Youth who agrees to attend school *full-time* or *part-time*

In order to receive funding, the institution that you attend must:

- Be legally authorized within the State to provide a program of education beyond secondary education,
- Provide an educational program where the institution awards a bachelor's degree *or* provides not less than a 2-year program that is acceptable for full credit toward such a degree, *or*
- Provide an educational training program to prepare students for gainful employment in a recognized occupation,
- Be a public, private or other nonprofit institution,

The applicant must submit the following documents before the application can be approved:

[Check when included]

- Proof of Eligibility, [*letter from social worker or copy of court order releasing you from foster care*]
- Education Training Voucher Application
- Letter of acceptance to school/program [if not yet registered for classes]
- When enrolled send a copy of class schedule to ensure at least part-time enrollment
- Copy of previous post-secondary school transcripts to ensure passing grades [if applicable]
- Copy of financial aid award letter documenting all financial aid received and financial need
- Copy of Financial Aid Release of Information form submitted to school/program
- Children’s Cabinet Release of Information form
- Completed Student Budget Form
- Copy of your photo ID

The applicant must submit the following to their school or program: [Check when completed]

- Completed Financial Aid Release sent to the financial aid office of your school/program

The applicant must submit the following documents if requesting aid for the following:

[Check when included] [*Federal Tax ID # not required if payee is a corporation*]

All documentation MUST include: amount due, name of payee, address, phone #, and Federal Tax ID #

- | | |
|--------------------------------------|---|
| Rent-Copy of Lease | Loan Payments-Copy of bill or payment coupon |
| Child care—Statement from provider | Major purchases—ie: a store estimate for a computer |
| Books—Printout from school bookstore | Other—Call for instructions |



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Financial Aid Release

School: _____
(print name of school or program you are attending)

RE: Student ID: _____
(print your student ID)

Student Login: _____ Student Password: _____

Social Security Number: _____
(print your Social Security Number)

I have completed the FAFSA yes no *(please check one)*

To the Financial Aid Office:

I, _____, *(print name)* have applied for State funding towards my school costs. In order to receive this funding, the Education and Training Voucher (ETV) Program staff at The Children's Cabinet, Inc. may need access to my financial aid information. If requested, I authorize you to send a copy of my Financial Aid Award letter to the Education and Training Voucher (ETV) Program. I authorize you to release information regarding my financial status to the ETV Program via US Mail, email, telephone or fax. I further authorize The Children's Cabinet, Inc. to release information regarding my ETV funding status.

Sincerely,

(Student Signature)

(Date)

Please check one of the following:

I am a full time student (____ credits) part time student (____ credits)

The Children's Cabinet, Inc.
2005 Silverada Blvd, Suite 250
Reno, NV 89512
775-352-8090
866-741-3218
775-352-8098 fax



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The Children’s Cabinet Release

I, _____, (*print name*) have applied for State funding towards my school costs. In order to receive this funding, the Education and Training Voucher (ETV) Program staff at The Children’s Cabinet, Inc. may need to speak with agencies or people to gather information to make direct payments on my behalf. If required, I authorize The Children’s Cabinet to exchange information with the agencies/people listed below via US Mail, email, telephone or fax. I further authorize The Children’s Cabinet, Inc. to release information regarding my ETV funding status.

Sincerely,

(*Student Signature*)

(*Date*)

**AGENCIES AUTHORIZED TO RELEASE AND EXCHANGE
INFORMATION WITH THE CHILDREN’S CABINET**

(initial) State of Nevada Division of Child and Family Services

(initial) County/Agency of Foster Care Origin

(initial) School/Program of Attendance

(initial) Contracted AB94 vendors: JOIN, Child Focus, The Children’s Cabinet

(initial) Any Vendor for the purposes of paying bills on your behalf {ie: landlord, loan company, store}

(initial) An Emergency Contact Person in case of loss of contact with applicant [please list a contact person]

Name: _____

Address: _____

Phone #: _____

Relationship to Applicant: _____

Information or records to be released and exchanged shall be limited to the following:

- ◆ Name
- ◆ Address
- ◆ Home & Work phone numbers
- ◆ School attendance and academic progress
- ◆ Current academic standing
- ◆ Funds provided under AB94
- ◆ Date Services for ETV
- ◆ Summary of services provided by ETV
- ◆ Financial aid from other sources
- ◆ Case management services
- ◆ Other _____
- ◆ Other _____

Budget Form

Monthly Income:	Monthly Expenses:
<p>Wages from Employment: \$ _____</p> <p>Social Security Benefits: \$ _____</p> <p>Child Support: \$ _____</p> <p>Other: \$ _____</p> <p>Sub-Total Income: \$ _____</p> <p style="text-align: center;">Financial Aid:</p> <p>Pell Grant: \$ _____</p> <p>Otto Huth Scholarship \$ _____</p> <p>Millennium: \$ _____</p> <p>Other Scholarships \$ _____</p> <p>Other: \$ _____</p> <p>Other: \$ _____</p> <p>Sub-Total FA: \$ _____</p> <p>Total Income: \$ _____</p> <p>Total Expenses \$ _____</p> <p>Shortage/Surplus: \$ _____</p> <p>ETV Request: Fall \$ _____</p> <p>ETV Request: Spring \$ _____</p> <p>ETV Request: Summer \$ _____</p> <p>Total Request* \$ _____</p> <p>*May not exceed \$5,000.00</p>	<p>Housing:</p> <p>Rent: \$ _____</p> <p>Utilities:</p> <p>Electric: \$ _____</p> <p>Gas: \$ _____</p> <p>Garbage \$ _____</p> <p>Sewer & Water \$ _____</p> <p>Telephone \$ _____</p> <p>Cell Phone \$ _____</p> <p>Internet \$ _____</p> <p>Transportation:</p> <p>Bus Pass: \$ _____</p> <p>Car Payment: \$ _____</p> <p>Insurance: \$ _____</p> <p>Gas: \$ _____</p> <p>Registration/Repairs: \$ _____</p> <p>Food:</p> <p>Groceries: \$ _____</p> <p>School Meal Plan: \$ _____</p> <p>School Expenses:</p> <p>Tuition and fees: \$ _____</p> <p>Books: \$ _____</p> <p>On Campus Parking Pass: \$ _____</p> <p>Family Expenses:</p> <p>Child care: \$ _____</p> <p>Child Support \$ _____</p> <p>Personal Expenses:</p> <p>Clothes: \$ _____</p> <p>Toiletries: \$ _____</p> <p>Other grooming ie haircuts: \$ _____</p> <p>Loans:</p> <p>Student Loans: \$ _____</p> <p>Credit Card Payments: \$ _____</p> <p>Personal Loans: \$ _____</p> <p>Other: \$ _____</p> <p>Entertainment:</p> <p>Cable TV/Videos/Movies: \$ _____</p> <p>Hobbies/gym fees: \$ _____</p> <p>Misc: pets, medical, ect. \$ _____</p> <p>Savings: \$ _____</p> <p>Total Expenses: \$ _____</p>



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ETV Financial Request Form

\$2,500 Fall Request

Please identify the school-related costs you are requesting for the upcoming school year. The following is a suggested list but not inclusive, so please identify the areas specific to YOUR needs. Make sure that if you are asking for \$5,000, then the total below should add up to \$5,000. Finally, you must **provide documentation for the expenses** (see checklist for required documentation)

Expense	\$ per month	X	# of Months <small>(circle months your requesting help)</small>	=	Total Cost
Housing:		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Loan: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Loan: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Day Care		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Materials Supplies Computer		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Transportation		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Other: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Other: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Other: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Testing Fees					
				Total	

****Maximum benefit per applicant is \$5,000.00 per academic school year.** The total benefit shall not exceed the total cost of attendance based on the financial award letter. The award will be sent directly to the required vendor. ****Funds are dispersed as they are available. A request of \$5,000.00 does not guarantee an award of \$5,000.00.**



DIVISION OF CHILD AND FAMILY SERVICES

ETV Financial Request Form

\$2,500 Spring Request

Please identify the school-related costs you are requesting for the upcoming school year. The following is a suggested list but not inclusive, so please identify the areas specific to YOUR needs. Make sure that if you are asking for \$5,000, then the total below should add up to \$5,000. Finally, you must **provide documentation for the expenses** (see checklist for required documentation)

Expense	\$ per month	X	# of Months <small>(circle months your requesting help)</small>	=	Total Cost
Housing:		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Loan: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Loan: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Day Care		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Materials Supplies Computer		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Transportation		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Other: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Other: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Other: Specify		X	Jan/Feb/March/April/May June/July/August Sept/Oct/Nov/Dec	=	
Testing Fees					
				Total	

****Maximum benefit per applicant is \$5,000.00 per academic school year.** The total benefit shall not exceed the total cost of attendance based on the financial award letter. The award will be sent directly to the required vendor. ****Funds are dispersed as they are available. A request of \$5,000.00 does not guarantee an award of \$5,000.00.**



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Tips to Ensure a Successful Application

- Starting Fall 08 we will be on a semester application schedule.
- Complete the application in its entirety.
- Apply for the PELL Grant early at <http://www.fafsa.ed.gov>
- Turn in everything as a package (if possible).
- Use the checklist to ensure you have enclosed everything.
- Send the financial aid department of your school the financial aid release form.
- No “double-dipping.” For Example, do not request rent funds if you are receiving rental assistance from AB94 funds. (Child Focus, JOIN, Children’s Cabinet ILP)
- Keep in touch! If you change your address, phone number, or have a change in circumstance, let us know immediately.
- If you withdraw from or add a class let us know.
- Send in your grades as soon as you get them at the end of the semester.
- Send in class schedules as soon as registered.
- For Traditional semester schools/programs use the following guidelines:
 - Fall Semester application/documentation due by July 15 for August disbursements.
 - Spring Semester documentation due by December 15 for January disbursements.
 - Summer Semester documentation due by May 1 for mid-end May disbursements.
 - Apply any time but allow 30 days for application review.
- Apply for all scholarships for which you may be eligible.
- Call if you need anything.



DIVISION OF CHILD AND FAMILY SERVICES

Additional Resources Available to Youth Pursuing College

Ever wonder how you were going to pay for college, or who can afford to go to college? This fact sheet will answer those questions and direct you to the right places for more information. **College is affordable and available to YOU!** "Before you can make a dream come true. You must first have one." *Ronald E. McNair Ph.D., 2nd*

- ✓ All students must complete the **Free Application for Federal Student Aid (FAFSA)**. Students can access online at <http://www.fafsa.org> or <http://www.fafsa.ed.gov> or by calling the Federal Student Aid Information Center at 1-800-4-FED-AID. In order to receive loan money, the Pell grant for low-income students or other aid, the student **MUST** complete the FAFSA. You may complete this at anytime but are encouraged to complete your application by February 15th for the Fall semester.
- ✓ **Casey Family Scholars Program** provides scholarships of up to \$10,000 for young people who spent at least 12 months in foster care and were not subsequently adopted. Check the OFA Web site at www.orphan.org/programs/casey.html.
- ✓ **Otto A. Huth Scholarship** for Nevada's aged out foster youth. Must apply before 19th birthday, attend school full-time in Nevada, and apply before March 15. www.dcfcs.state.nv.us/ScholarshipInfo/Otto_A_Huth_Scholarship_Policy.pdf.
- ✓ **Contact your local High School Counselor or College Financial Aid Office for additional Scholarship Opportunities and DON'T LIMIT YOURSELF!!!!**

Other Websites to check out (these are just a few):

http://www.orphan.org	http://kidsource.com/NFPA/index.html
http://www.fastweb.com	http://www.nfpainc.org/scholrsp.html
http://www.srnexpress.com/index.cfm	http://www.fastaid.com
http://www.wiredscholar.com/index.jsp	http://apps.collegeboard.com/cbsearch_ss/welcome.jsp
http://www.casey.org/cnc/support_retention/scholarships.htm	
Scholarships.com	Collegescholarships.com
Freschinfo.com	GoCollege.com
Collegefunds.net/free-scholarships.html	HSF.net
Aauw.org/3000/felgrawa.html	League-att.org/foundation
Statefarm.com/foundati/native.html	JackieRobinson.org
UNCF.org/scholarships/index.asp	CASA Foundation
WAL-MART	Nevada's Millennium Scholarship