



## Education and Training Voucher (ETV) Program 2022 – 2023 Application

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### Education and Training Voucher (ETV) Program

Nevada’s Education and Training Vouchers (ETV) Program, operated by The Children’s Cabinet, provides financial assistance for postsecondary training and education to youth who have aged out of foster care or who have left foster care after age 16 through kinship, guardianship, or adoption in Nevada. Use this application for the Summer 2022, Fall 2022, Spring 2023 and Summer 2023 (attending school between July 1, 2022, and June 30, 2023). Email your application to: [ccarstairs@childrenscabinet.org](mailto:ccarstairs@childrenscabinet.org)

### ETV Eligibility

1. ETV is for young adults who have aged out of foster care or who have left foster care after age 16 through kinship, guardianship, or adoption (we will verify this information with you).
2. Accepted to an accredited post-secondary or vocational school.
3. Complete the Federal Application for Student Aid (FAFSA).
4. Maintain a cumulative grade point average (GPA) of 2.0 or higher on a 4.0 scale.
5. Not have reached your 26th birthday as of July 1st of the award year.
6. Have not participated in the ETV program for more than 5 years.

### What Can ETV pay for?

1. Tuition and fees
2. Room and board (both on campus and off campus)
3. Books and school supplies
4. Transportation for school attendance
5. Computer, software, and equipment
6. Childcare expenses
7. Miscellaneous personal/educationally related expenses
8. Monthly personal stipend (limited to \$250 each month)

If you qualify for ETV, you can receive up to \$5,000 per school year (up to \$2,500 per semester based on verified academic financial need), for a maximum of 5 years prior to turning 26 years old. ETV funds can be combined with other grants or scholarships to minimize or eliminate the need for student loans.

### How long is the ETV application valid?

The applications are valid for the entire academic year (Fall, Spring and Summer semesters). Applications start in the Fall semester, however if you didn’t apply in the Fall, you can still start and apply in the Spring semester.

*ETV funds are based on verified academic financial need and are not guaranteed. ETV requests are subject to approval and funds may be limited due to the number of applications received.*



**Education and Training Voucher (ETV) Program Application  
2022 – 2023 Application**

**Section 1. Applicant Information**

Legal Name:	First:	Middle:	Last:	Suffix:
Date of Birth:	Month:	Day	Year	Age
Physical Address	City	State	Zip Code	County
Mailing Address	City	State	Zip Code	County
Cell Phone Number:	Other phone Number		Email	

Is it ok to leave you messages and contact you using this information?  Yes  No

**Section 2. Program Demographics**

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

**What do you consider your gender?**  
 Female  Male  Transgender  Questioning  A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)  I don't know  Don't want to answer.

**What do you consider your race?**  
 American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  
 Hawaiian/Other Pacific Islander  White Non- Latino/Caucasian  I don't know  Don't want to answer

**What do you consider your ethnicity?**  
 Non-Hispanic/Non-Latin(a)(o)(x)  Hispanic/Latin(a)(o)(x)  I don't know  Don't want to answer

**Will you be responsible for a child while in college?**  Yes, how many? \_\_\_\_\_  No

**Section 3. Enrollment Information**

1. Please list the college, career school, or training you plan to attend during the 2022 – 2023 academic year.

Name	Field of Study
1.	
2.	

**2. Did you complete the Free Application for Federal Student Aid (FAFSA)?**  
 Yes, date completed: \_\_\_\_\_  No, go to [www.studentaid.gov](http://www.studentaid.gov) to complete the FAFSA which is **REQUIRED** as part of your application.

**3. Will you be enrolled:**  Half-time  Full-time

**4. Indicate each term you plan to attend:**  Summer 2022  Fall 2022  Spring 2023  Summer 2023

**5. Please identify the final degree or certificate you plan to achieve:**  Apprenticeship  Associate Degree  
 Bachelor's Degree  Vocational/Technical Certificate / Degree  Advanced Degree (master's or doctor's)



degree)

**Section 4. Application Consent**

Read and agree by initialing each section, then sign below.

1. \_\_\_\_\_ **(initial)** I understand that I must sign each financial request to ETV for The Children’s Cabinet to pay mutually agreed upon vendors for utilities and other necessities directly (known as “vendor pay”).
2. \_\_\_\_\_ **(initial)** I understand that I must complete all required program forms and provide all required supporting documentation identified in the application checklist (such as proof of school enrollment/attendance and academic progress, proof of academic financial need(s), bills, invoices, or receipts for reimbursement before any financial assistance can be provided.
3. \_\_\_\_\_ **(initial)** I understand that financial requests are limited to funding availability and that funds are not guaranteed and will be based on verified academic financial need with approval.
4. \_\_\_\_\_ **(initial)** I understand I may receive **up to** \$2500 per semester and this amount is not guaranteed.
5. \_\_\_\_\_ **(initial)** I understand that I must complete the Free Application for Federal Student Aid (FAFSA) each year.

*Please sign below to indicate the above information is correct to the best of your knowledge:*

Printed Name of Young Adult

Signature of Young Adult

Date



**Section 5. Application Checklist**

**Education and Training Voucher (ETV) Program Check List**

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

**Proof of Eligibility**

- Education Training Voucher Application
- Letter from social worker or copy of court order releasing you from foster care
- Copy of class schedule to ensure at least part-time enrollment
- Copy of unofficial transcript from your college/trade school (or a document showing your GPA)
- Copy of financial aid award letter documenting all financial aid received and financial need
- Copy of Academic and Financial Aid Release of Information form submitted to school/program
- The Children’s Cabinet Release of Information forms
- Copy of student’s “Court Jurisdiction” budget
- Copy of your current photo ID

**The applicant must also submit a copy of the following items if applicable**

- Rent-Copy of Lease
- Childcare—Statement from provider
- Books—Printout from school bookstore
- Loan Payments-Copy of bill or payment coupon
- Utilities — Billing in student’s name

**The Children’s Cabinet, Inc.**

777 Sinclair Street  
Reno, NV 89501  
Phone: 775-352-8090  
Fax: 775-322-1007  
1-866-741-3218

[www.childrenscabinet.org](http://www.childrenscabinet.org)

OR

<http://dcfs.nv.gov/Programs/CWS/IL/ETV/>

# Academic and Financial Aid Release

**School:** \_\_\_\_\_  
(Print name of school or program you are attending)

**RE: Student ID:** \_\_\_\_\_  
(Print your student ID)

**Student Login:** \_\_\_\_\_ **Student Password:** \_\_\_\_\_

I have completed the FAFSA (please circle one):                      Yes                      No

I have attached copy of the financial aid award letter from my school of choice (please circle one):  
Yes                      No

**To the Registrar and/or Financial Aid Office:**

I, \_\_\_\_\_ (print name) have applied for Federal/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 academic and/or financial aid information. If requested, I authorize you to send a copy of my Academic Transcripts and/or Financial Aid Award letter to the Education and Training Voucher (ETV) Program. I authorize you to release information regarding my academic and/or financial status to the ETV Program via US Mail, email, telephone or fax. I further authorize and agree that The Children’s Cabinet, Inc. can release information regarding my ETV funding status and be set up as a third party on my student center account.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Please circle one of the following and complete number of credits:

I am a: **full-time student** (\_\_\_\_\_ credits) / **part-time student** (\_\_\_\_\_ credits)

**Expiration Date:** \_\_\_\_\_

\* Expiration should meet the needs of the client from date of signature to June 30 of 2021 (current school year)

The Children’s Cabinet, Inc.  
777 Sinclair Street  
Reno, NV 89501  
Phone: 775-352-8090 or 1-866-741-3218  
Fax: 775-322-1007

State of Nevada Education and Training Voucher (ETV) Application Form  
**The Children's Cabinet Release of Information**

I, \_\_\_\_\_, (*print name*) have applied for Federal/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. The Children's Cabinet and I may not be able to control what happens to my information once it has been released to the below person or agency, and that the agency or person getting my information may be required by law or practice to share it with others. I further understand The Research Confidentiality Policy – It is the policy of this organization that no identifying data pertaining to individual clients will be released to outside entities for research purposes.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**AGENCIES AUTHORIZED TO RELEASE AND EXCHANGE  
INFORMATION WITH THE CHILDREN'S CABINET – PLEASE INITIAL**

\_\_\_\_\_ State of Nevada Division of Child and Family Services (DCFS).

\_\_\_\_\_ Current or Former Child Welfare Agency (Clark County Department of Family Services or Washoe County Human Services Agency).

\_\_\_\_\_ School / Program of Attendance.

\_\_\_\_\_ Contracted Independent Living Service Providers who may provide services using Chafee, FAFFY or Court Jurisdiction funds (DCFS IL Service Providers, Step UP).

\_\_\_\_\_ Any Vendor for the purposes of paying bills on your behalf (such as: landlord, utilities, student loan company).

\_\_\_\_\_ An Emergency Contact Person in case of loss of contact with applicant [please list a contact person]  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

- |   |                                       |
|---|---------------------------------------|
| ◆ Name                                    | ◆ Date of services provided for ETV   |
| ◆ Address                                 | ◆ Summary of services provided by ETV |
| ◆ Home & work phone numbers               | ◆ Financial aid from other sources    |
| ◆ School attendance and academic progress | ◆ Case management services provided   |
| ◆ Current academic standing               | ◆ Other: _____                        |
| ◆ FAFFY funds provided                    | ◆ Other: _____                        |

**Expiration Date:** \_\_\_\_\_

\*Expiration should meet the needs of the client from date of signature to June 30 of 2021 (current school year).