

Instructions: Fill out and sign this form.

Please indicate the School Year \_\_\_\_\_ Date: \_\_\_\_\_

I will be attending (Check all that apply for the School Year):

Fall  Spring  Summer

**1. Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Social Security Number/ URM Alien ID Number \_\_\_\_\_

Primary #: (\_\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_\_) \_\_\_\_\_

Primary E-Mail Address \_\_\_\_\_

For URM applicants: Please list the State or agency of conservatorship  
\_\_\_\_\_

**2. Demographic Information**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Note: You must have participated in the ETV program before your 21<sup>st</sup> birthday to continue to qualify for ETV up to your 23<sup>rd</sup> birthday. ETV funding ceases upon your 23<sup>rd</sup> birthday.

Gender:

Male  Female  Other

Please indicate your status:

Alaskan Native  American Indian  Asian or Pacific Islander  
 African American  Hispanic  White  
 Unknown  Biracial or Multiracial  Other (specify) \_\_\_\_\_  
(includes International status)

**3. School Enrollment Information**

Check the Type of School You Attend or Plan to Attend.

Vocational/Technical/Career College  Community College  Junior College  
 Dual College Credits  Four Year Institution  Other (specify) \_\_\_\_\_

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

College Major/Area of Study \_\_\_\_\_

**\*Student Classification** (Please check your current classification status)

Freshman       Junior       Dual College Credit

Sophomore       Senior or above       Vocational/Technical/Career School

**Freshman**-0-29 credit hours;    **Sophomore**-30-59 credit hours;

**Junior**-60-89 credit hours;    **Senior**-90 or more credit hours.

**\*Required-Information may be verified by the ETV staff.**

**4. Contact Information**

*If known, please provide contact information for DFPS Case Manager, URM Program Specialist, or DFPS PAL Staff Information.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

X \_\_\_\_\_

**Applicant's Signature**

**Date**

***\*By signing you verify that the information provided above is correct to be best of your knowledge.***

**Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:**

**BCFS-Attn: ETV**

**4346 NW Loop 410, San Antonio, TX 78229**

**Phone: 1-877-268-4063 Fax: 210-208-5605**

**ETV Coordinator email addresses are located at [www.texasETV.com](http://www.texasETV.com)**

**Instructions: Fill out and sign this form.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check if this is a new address

Current Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Initial each of the following to acknowledge the requirements of the ETV Program:**

\_\_\_\_\_ I will enroll in a college or vocational program and provide accurate and current school information, including my most recent GPA status, when applicable to BCFS Health and Human Services.

\_\_\_\_\_ I understand that the ETV Program determines the amount of my ETV award.

\_\_\_\_\_ I understand that it is my responsibility to provide updated information on my address, phone number or any other contact information to the ETV program.

\_\_\_\_\_ I understand that in order to continue to receive ETV after turning age 21 I must be participating in the ETV program on my 21<sup>st</sup> birthday.

\_\_\_\_\_ I understand that once I turn 21 I must meet my school's standards for satisfactory academic progress each semester to continue to receive funds from the ETV program. I understand that it is my responsibility to learn and understand my school's standards for satisfactory academic progress.

\_\_\_\_\_ I confirm I have submitted a FAFSA application for the current academic year.

\_\_\_\_\_ I will provide supporting documentation when requested by BCFS Health and Human Services.

\_\_\_\_\_ I understand that it is my responsibility to submit a budget worksheet for only ALLOWABLE expenses that have been determined by the school that I am attending. **Allowable expenses are listed on the budget/expense form that you are required to submit each school term/semester.**

ETV Participants' Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*A new form is required to be completed and signed each academic year or program year.**

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**DO NOT SUBMIT THE CHECKLIST.**

Instructions (use the checklist below to ensure your application packet is complete when applying for ETV):

- Follow all document instructions when filling out the forms to be submitted.
- Make copies of all required documents on the checklist for your records and for future reference
- Submit required documents on the checklist by the posted deadline

**Failure to submit a completed, signed application with required supporting documents may result in a delay or denial of the ETV application and/or check disbursements.**

- A completed and signed the ETV application.
- A completed and signed DFPS Verification of ETV eligibility Form. This form must signed by either the DFPS State PAL Staff, DFPS ETV staff, DFPS Adoption Assistance Eligibility Specialist, DFPS State Office Federal/State Support Unit (TJJD) or DFPS URM Program Specialist.
- A Signed DFPS Consent for Release of Information form, if appropriate
- A Signed Participant Agreement (required each school year)
- A Copy of the Texas college tuition and fee waiver letter (if applicable).
- A copy of your current financial aid award letter (if applicable), or billing statement from the vocational training program
- A print out of your "current" class schedule which must indicate a minimum of six (6) credit hours enrolled.
- A print out of your most recent transcript if previously enrolled in school before applying for ETV (To verify GPA and credit hours for classification status)
- A Completed Budget/Expense Form (submitted each semester)
- A Completed purchase voucher and supporting documents (submitted with the Budget/Expense form)

Note-Out of state youth-The Texas ETV program does not serve students that aged out of foster care from another state and are attending school in Texas. The student must contact the state where the student aged out of foster care to apply for ETV.

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**NAME OF STUDENT (Print):** \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION  
FOR THE EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM**

Your participation in the Education and Training Voucher (ETV) Program is protected by Federal and State confidentiality laws. As a condition of enrolling in the ETV program, certain personal information will need to be shared with another person, business or school representative for the purpose of making financial arrangements using ETV funds. The ETV Provider may make these financial arrangements to secure housing, pay tuition and fees, pay for child care, books, or set up payments for utility/phone accounts.

**Note-**Students enrolled in the ETV Program and attending the *first and second academic year* of a higher education institution (including vocational/technical schools) must have basic living expenses paid directly to a landlord, vendor, or school. This consent allows the ETV Provider to make such payment arrangements.

I understand that I may cancel this consent at any time by informing the ETV Provider in writing.

**I authorize and request BCFS Health and Human Services to release information to arrange financial assistance using ETV funds.**

If known, please indicate which people or businesses that the ETV Provider may release my information to. This information may be provided after approval for the ETV Program and attachments may be included.

Name \_\_\_\_\_ Phone Number or email \_\_\_\_\_  
(Ex-University of Texas-Financial Aid Office)

Name \_\_\_\_\_ Phone Number or email \_\_\_\_\_  
(Ex.-ABC Apartment Complex)

Name \_\_\_\_\_ Phone Number or email \_\_\_\_\_  
(Ex-XYZ Utility Co.)

**I decline to have my personal information released.**

By declining, ETV payments may be delayed.

I have read and understand the Consent to Release information outlined in this document. I understand that any information about me may not be released, verbally or in writing, without my written consent.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Student)**

A new consent form must be signed each year (from the date above or earlier) that you are enrolled in the ETV program.

## Request of funds Instructions

### What is a Request of Funds form?

A request of funds form allows the ETV Coordinator to send payment directly to the vendor and/or individual requesting payment.

### How do I submit for Payment? (PLEASE READ CAREFULLY)

1. Enter Tax ID # (for Vendors) or Social Security # (for Individuals), if applicable.
2. Enter the complete name and address of the vendor or individual receiving the payment.
3. Enter the dates each request of payments, the description of goods and the amount. For example: January 2010- May 2010, rent, \$500.00
4. Enter your name and contact phone number.

**Please note:** The cutoff date for monthly requests is the 3rd Friday of each month. Anything received after this date will be processed the following month.

### You're Done!

\*Please remember that each time you request funds, a Request of Funds form must be completely filled out for each request, and attached to the receipts, invoices, or supporting documentation; documents should show the exact amount of the payment requested.

Tax ID#/SSN#: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Change of address

FY

Date	Description of Goods	Amount

Youth Name: \_\_\_\_\_

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

ETV Program  
4346 NW Loop 410  
San Antonio, TX 78229

For more information :  
Phone: 1-877-268-4063  
Fax: 210-208-5605  
www.TexasETV.com

Approved By:

\_\_\_\_\_  
ETV Coordinator

\_\_\_\_\_  
Program Director, Sr. Program Director, or Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Budget Worksheet

Complete the Budget Worksheet by estimating how you plan to budget \*\$5,000.00 for the school year. Not all items may apply to you. If you are planning to attend 2 *semesters* you will budget for two semesters of \$2,500.00. If you plan to attend 3 *semesters* you will budget for two semesters of \$1,666.67 and one of \$1,666.66.

Remember ETV will only be able to issue your remaining ETV funds on allowable expenses based on the balance you have each semester after tuition, housing and utilities have been covered. Please contact your ETV Coordinator if you need assistance.

\*Youth are eligible for up to \$5,000.00 per school year.

<b>Youth Name:</b>	<b><u>Fall</u></b> (Sept. – Dec.)	<b><u>Spring</u></b> (Jan. – May)	<b><u>Summer</u></b> (June – Aug.)	<b><u>Total</u></b>
<b><i>Residential Housing or Room/Board</i></b>				
<b><i>Tuition/Fees</i></b>				
Vocational (Training program)				
Educational				
<b><i>Utilities</i></b>				
<b><i>Transportation</i></b>				
Vehicle Insurance				
Fuel				
Maintenance/Repairs				
Purchase of Bicycle				
Bus pass				
<b><i>Medical</i></b>				
<b><i>Books/Related Supplies</i></b>				
Books				
School Supplies				
<b><i>Computer</i></b>				
Laptop				
Computer Supplies				
Software				
<b><i>Food</i></b>				
<b><i>Clothes/Personal Hygiene</i></b>				
<b><i>Childcare</i></b>				
<b>Total</b>				<b>*\$5000.00</b>