

**Education and Training Voucher (ETV) Application**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your current Mailing ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

your permanent address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If different than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aN adjudicated Delinquent? \_\_\_yes \_\_\_no \_\_\_month \_\_\_year

Are you a parent \_\_\_\_ yes \_\_\_\_no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY Services specialist nAME OR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOC WORKER’S NAME

Community Resource Person (CRP) Name you work with Most: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

high school diploma or GED **(circle one)**

WERE YOU ON AN IEP IN HIGH SCHOOL? \_\_\_\_\_yes \_\_\_\_\_ no

Name of graduating high SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

year of graduation or ged COMPLETION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name of college you plan to ATTEND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic year to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

what do you plan to major and/or minor in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

what do you want to accomplish with your degree? \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

does the college offer dorm rooms? yes No

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Applicant name - print)**  **(College name)**

**to release any of the following information: financial aid, student bills (including bookstore) attendance and registration status to Child Protection Services and to Community Resource Program Mangers. For additional information see the following website:** <http://dss.sd.gov/childprotection/independentlivingprogram/educationtraining.aspx>

**SD DSS - Child Protection Services**

**221 Mall Drive, Suite 101, Attn: Eric Grover \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rapid City, SD 57709-6221 Signature of Youth**

**\*NOTE- any funds from the ETV scholarship that are remaining after costs must be refunded to Child Protection Services.**

**APPLICANT SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUARDIAN SIGNATURE (if needed)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRP SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETV PROGRAM PARTICIPATION AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_ **I** understand that it is my responsibility to update my local CRP when I change addresses.

\_\_\_\_\_\_\_\_\_\_\_ **I** understand that if I withdraw from any classes or drop out of school, I must notify my local CRP immediately.

**\_\_\_\_\_\_\_\_\_\_\_ I** understand that if I must submit a transcript of my grades at the end of every semester to be eligible for funding the following semester.

* **I** understand that if I fall below a 2.0 GPA, I may not be eligible for funding the next semester.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Youth Date**

**financial aid information (To be completed and signed by the financial aid office)**

**Items Amount**

1. Dorm room supplies (linens, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Books \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Supplies (lab equipment, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Meal Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Bus tokens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Student fees- Activity Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Room and Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Transportation cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Tutoring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Employment related necessities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Childcare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Tools necessary for the trade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. On-line education/internet fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Computers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total…………………….** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Scholarships obtained**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total……………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Sources of Funding**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL……………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*TOTAL AMOUNT OF FINANCIAL AID NEEDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEMESTER/YEAR THIS STATEMENT COVERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINANCIAL AID OFFICER Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_**