



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#** _____