

SOUTH CAROLINA EDUCATION AND TRAINING VOUCHER PROGRAM
ETV Application

Please indicate: Initial Application Renewal Application / Year: 2 3 4 5

A. Personal Information

Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ Age _____ Gender: Male Female Other
Social Security Number _____
Current Mailing Address _____ Apartment # _____
City _____ State _____ ZIP Code _____
Primary #: _____
Primary E-Mail Address _____
Emergency Contact _____

B. Eligibility

Was youth's DSS foster case originated in South Carolina? Yes No
Did youth reach age of majority (age 18) in DSS custody? Yes No
Did youth leave care to adoption at or after age 16? Yes No
Did youth leave care to court-ordered guardianship at or after age 16? Yes No
Did youth leave care to kinship care at or after age 16? Yes No
Did youth leave care to reunification at or after age 14? Yes No

County Office of Case Management: _____

Person ID: _____ CAPPS ID: _____

C. School Enrollment Information

Student ID Number: _____

Name of Institution: _____

Vocational Program Technical College 4-year College

Address of Institution: _____

Name/Telephone of School Financial Aid Contact: _____

Academic Year: 20____ - 20____ Graduation Date: ____/____/____

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

Year of Study: Freshman Sophomore Junior Senior Other _____

Choice of Major: (If known) _____

D. Please confirm the following supported documentation is attached to this request:

- | | | |
|--|------------------------------|-----------------------------|
| Itemized Tuition Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financial Award Letter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Class Schedule | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unofficial Transcripts (for returning student) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SC Need-Based Grant Waiver Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

E. Transition to Adulthood Goals

- | | | |
|--|------------------------------|-----------------------------|
| Do you have a current Transition Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have safe and reliable transportation to attend school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an Individualized Education Plan (IEP)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have stable and safe housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a permanent connection with a supportive adult? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you receiving SC SNAP (food) benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you complete a Financial Literacy Course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a bank (checking or savings) account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

F. Participant Agreement:

I, _____, agree to meet the terms and conditions of the Education and Training Voucher Program and will work toward successfully completing the course work at the school listed above. I also agree that all school documents that I have submitted are official. I understand that if any of the information I have submitted is found fraudulent, I may be found permanently ineligible for ETV funding.

I agree to maintain full-time or part-time status at the post – secondary institution and notify of any enrollment status changes such as dropping a class or withdrawal from school, as it might affect financial award letter and ETV funds.

I agree to maintain a 2.0 cumulative G.P.A. and provide ETV program with unofficial transcript after each semester. I agree to inform the ETV Program of academic probation, as it might affect ETV funds; and I will provide a letter identifying challenges and steps to improve academic status.

I agree to maintain monthly contact with ETV Program Coordinator to discuss progress and provide address, phone, and /or email changes.

I agree to maintain a budget and properly utilize the ETV funds to support academic success.

Signature: _____

Date: _____

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

NAME OF STUDENT (Print): _____

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 Vendor codes to directly transfer ETV funds to pay for academic related accounts, housing related accounts, child care related accounts, or car related accounts.

I, _____ (print name) have applied for State and Federal funding towards my school costs. In order to receive this funding, the Education and Training Voucher (ETV) Program and staff may need access to my enrollment status, grade history, and financial aid information. If requested, I authorize you to send a copy of my Schedule, Transcripts, and Financial Award Letter to the SC DSS Chafee/ETV Program. I authorize you to release information regarding my enrollment status, grade history, and financial aid information to the SC DSS Chafee/ETV Program via mail, telephone, or fax. I further authorize you to release information regarding housing related accounts, child care related accounts, or car related accounts to establish transfer of payment from the ETV program.

I authorize and request SC DSS to receive and release information to arrange financial assistance using ETV funds.

I decline to have my personal information released. By declining, ETV payments may be delayed.

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

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

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)