



CHARLES D. BAKER
GOVERNOR

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families

600 Washington Street, Boston Massachusetts 02111
Tel (617) 748-2000 ♦ Fax (617) 748-2156

2016-2017

***EDUCATION and TRAINING VOUCHER
PROGRAM APPLICATION***

The Education and Training Voucher Program is designed to assist eligible Massachusetts foster youth with financial assistance for post-secondary education and vocational training. The completed application form and all required accompanying documentation must be returned to the Department of Children and Families - ETV Program, 600 Washington Street, Boston, MA 02111. Awards are made based on demonstrated financial need and the availability of funding.

Eligibility and Qualifications:

- Applicants must complete the financial aid process at their college or vocational training school which includes completing the **2016-2017 FAFSA (Free Application for Federal Student Aid – www.fafsa.ed.gov)**. A school-issued financial aid award letter must be included with the ETV application.
- Applicants must be or have been in DCF custody at least until their 18th birthday, or have been adopted through DCF after attaining the age of 16, or placed in a DCF sponsored Guardianship with a relative after the age of 16 through age 18.
- Applicants must be enrolled in a post-secondary educational or vocational training program and have a satisfactory performance level as defined by their program.
- Initial applicants must be under age 21. Re-applicants must be under age 23.
- Applicants must be US citizens or eligible non-citizens.
- If re-applicant, most recent transcripts are required.
- If re-applicant, receipts from prior award are required.

Supporting Children • Strengthening Families



Date: _____

Have you ever applied for the ETV grant before? YES _____ NO _____

1. Name: _____ 2. D.O.B.: _____

3. Social Security #: _____ 4. E-mail address: _____

5. Telephone number: _____

6. Address: _____

City: _____ State: _____ Zip: _____

7. Vocational School/College where currently enrolled: _____

City/Town: _____ State: _____

8. Enrollment Information (please check your appropriate response in each section):

When will you be enrolled?

- _____ 1st Semester: Sept. 2016 – Dec. 2017
- _____ Winter Session 2016
- _____ 2nd Semester: Jan. 2017 – May 2017
- _____ Summer Session 2017
- _____ Other (explain) _____

What is your current grade level?

- _____ 1st year/ freshman
- _____ 2nd year/ sophomore
- _____ 3rd year/ junior
- _____ 4th year/ senior
- _____ Voc/Technical Program

What is your current enrollment status?

- _____ Enrolled Part-time
- _____ Enrolled Full-time

Expected date of graduation (month/year):

Course of Study/Major:

9. Are you currently in the care of the Department of Children and Families? Yes ___ No ___

10. Current/Former Area Office: _____

11. Name of Social Worker: _____

12. Do you currently receive services through the Department of Children and Families Adolescent Outreach Program?

Yes ___ No ___ If yes, name of Outreach Worker _____

13. What will your living situation be when you attend school (check one)?

- _____ Dorm
- _____ Independent Living/Transitional Living Program
- _____ Foster Home
- _____ Rented Apartment/House (please indicate your individual monthly rent) \$ _____
- _____ Public Housing
- _____ Home of parent/family member (if paying rent- amount charged) \$ _____
- _____ Other (please explain) _____

14. Are you in need of housing location assistance in order to attend your educational program or do you need housing location assistance over semester breaks/holidays?

- _____ YES (If yes, you will be contacted at the phone number you provided.)
- _____ NO

15. Please indicate if you are a recipient of any of the following:

Weekly income from employment	\$ _____
Private Scholarship(s)	\$ _____
DCF Young Adult Support Payments (TIL/Vendor payment)	\$ _____
Social Security	\$ _____
Transitional Assistance (DTA, Welfare)	\$ _____
Mass Rehab Educational Payment	\$ _____

16. Are you eligible for the Massachusetts Foster Child Grant? Yes ____ No ____

In order to be eligible you must be a full time student, have come into DCF custody via a Care and Protection Petition, and have left DCF care at age 18 or signed a Voluntary Placement Agreement at age 18. The priority filing deadline for the Foster Child Grant is July 1, 2016.

17. Are you eligible for the Massachusetts Foster Child Tuition and Fee Waiver? Yes ____ No ____

Students must be attending a Massachusetts public college or university. All eligible students must apply for a Massachusetts Foster Child Tuition and Fee Waiver.

If yes, do you currently have a Massachusetts Foster Child Tuition and Fee Waiver? Yes ____ No ____

Eligibility criteria and applications for these programs can be found online at www.mass.gov/dcf under the Adolescent Services link.

18. Please use the table below to indicate the type of financial assistance that you are requesting through ETV:

Type of assistance requested	Amount requested
Cash balance owed to school	
Educational Loans	
Books and Supplies (max. of \$500/year)	
Housing	
Transportation (max. of \$250/year)	
Child Care	
Technology	
Other (please attach letter to explain)	

Required Documentation Checklist

Your application must include ALL of the items below before funding can be determined.

Completed ETV Application Form, Pages 2-4	_____
Financial Aid Award Letter	_____
Tuition Bill/Detailed Account History	_____
Signed W-9 Form	_____
Transcript, if re-application	_____
Receipts for prior awards, if re-application	_____



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FERPA CONSENT TO RELEASE STUDENT INFORMATION

To the Administrative Offices of:

(Name of college or vocational training program)

Please provide information from the educational records of:

(Student's name)

To: The Massachusetts Department of Children and Families

The information that is to be released under this consent includes:

- financial aid records
- billing information
- transcripts
- disciplinary records

The information is to be released for the purposes of grant administration, financial, and academic planning. I understand the information may be released verbally or in the form of copies of written records, as preferred by the requester. I have the right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent prospectively.

Name (print) _____

Signature _____

Student ID Number _____

Date _____

