

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

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

Primary Number: (\_\_\_\_\_) \_\_\_\_\_ Alt. Number: (\_\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_

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 URM Case Manager, or URM Program Specialist.*

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: \_\_\_\_\_

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 beginning my 08<sup>th</sup> semester, I must be meeting my school's 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 agree to not commit any acts of forgery, theft or fraud involving ETV funds, or intentionally or knowingly help or attempt to help another student to commit such acts.

\_\_\_\_\_ I understand I cannot open a checking account using BCFS HHS's bank account information, or make any online purchases using BCFS HHS's account information .

\_\_\_\_\_ I understand that if there is suspicion I engaged or assisted or attempted to assist others in acts of theft, fraud, or forgery involving ETV funds or BCFS HHS's bank account, there will be a referral to law enforcement for a criminal investigation which may lead to prosecution and or termination from the ETV program.

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 \_\_\_\_\_

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

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Submit required documents on the checklist. **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.**

- Complete and sign the application. The application packet includes:
  - Signed Verification of ETV eligibility from a URM Program Specialist. Out of state youth- If a youth was not previously enrolled in another state's ETV program, the youth must provide proof that they aged out of or were emancipated from that states foster care system to be eligible for ETV in Texas.**
  - Signed Consent for Release of Information form**
  - Signed Participant Agreement
  - Signed Student Classification form, (needed if enrollment documents do not indicate the Students current classification)
  
- 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.
  
- Completed purchase voucher and supporting documents
  
- Completed Student budget worksheet

Instructions:

- 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.

\*\*\*Do not send the checklist.

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