

Please indicate the School Year _____

I will be attending (Check All that Apply):

- Fall**
 Spring
 Summer
 Other _____

1. Application Data

Are you currently in Extended Foster Care or Supervised Independent Living Program?

- Yes No

If Yes, ETV can only pay for non-housing related expenses such as tuition and fees, books and school supplies, a computer/software, low-cost cell phone, or transportation. This information may be verified with Catholic charities/USCCB by the ETV staff.

Last Name _____ First Name _____ Middle Initial _____
 Check if you have changed your name

Original Name _____

Please List the Address where you prefer to receive mail

Current Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Social Security Number/ URM Alien ID Number _____

Current Phone Number: (_____) _____ E-Mail: _____

Cell Phone (_____) _____ Region (if known) _____

For URM applicants: Please list the State or agency of conservatorship

2. Contact Information

Please provide contact information for Case Manager/ URM Program Specialist, if known.

Last Name _____ First Name _____

Agency _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-Mail _____

3. School Information (vocational/technical, community college, junior college, university)

School Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ EMail: _____

Type of School You Are, or Will Attend

Vocational/Technical Community College Junior College

Four Year Institution Other (specify) _____

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 further verified by the ETV staff.*

X _____
Applicant's Signature

Date

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 08th 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.

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



CONSENT FOR RELEASE OF INFORMATION FOR THE EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM – UNACCOMPANIED REFUGEE MINOR (URM) PROGRAM

NAME OF THE STUDENT (Print): _____ **Date of Birth:** _____

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 housing, pay tuition and fees, pay for child care, books, or set up payments for utility/phone accounts.

Note – Students enrolled in the ETV Program and attending the **first and second academic year** of higher education institution (including vocational/technical schools) must have basic living expenses paid directly to a landlord, vendor, or school. This consent allows the ETV Provider to make such payment arrangements.

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

I authorize and request BCFS Texas Education and Training Voucher Program to release information to arrange financial assistance using ETV funds.

If known, please indicate which people or businesses that the ETV Provider may release my information to. This information may be provided after approval for the ETV Program and attachments may be included.

Name _____ Phone Number or email _____
(EX – University of Texas-Financial Aid Office)

Name _____ Phone Number or email _____
(EX – ABC Apartment Complex/Landlord)

Name _____ Phone Number or email _____
(EX – XYZ Utility Co.)

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

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.

Electronic Signature _____ **Date:** _____
(Student)

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

ETV Re-Application-Check List

- Signed Update Application
- Financial Aid Award Letter
- Current Class Schedule
- Consent for Release of Information
- Unofficial Transcripts or Grade Report (Current)
- Signed Participant Agreement
- Signed Student Classification form (*when appropriate*)
- Completed Student Budget Worksheet
- Completed Purchase voucher and supporting documents

Make copies of all required documents on the checklist for your records and for future reference.

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

Mail, Fax or E-mail (as a pdf file) the ETV application Update Form and other required documents to:

BCFS

Attention: ETV

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San Antonio, TX 78229

Phone: 1-877-268-4063

Fax: 210-208-5605

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