

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 Code _____

Social Security Number/ URM Alien ID Number _____

Primary #: (_____) _____ Alternate #: (_____) _____

Primary E-Mail Address _____

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

2. Demographic Information

Date of Birth _____ Age _____

Note: ETV funding ceases upon your 23rd birthday.

Gender:

☐ Male ☐ Female

Please indicate your status:

<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Unknown	<input type="checkbox"/> Biracial or Multiracial	<input type="checkbox"/> 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 Code _____

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 DFPS Case Manager, or DFPS PAL Staff Information.

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

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, must be meeting 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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