BCFS
Health and Human Services • Est. 1944

EDUCATION AND TRAINING VOUCHER PROGRAM
Initial ETV Application

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:
☐ 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 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, URM Program Specialist, 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

BCFS
Health and Human Services • Est. 1944

EDUCATION AND TRAINING VOUCHER PROGRAM

*ETV Participant Agreement

Instruct ions : **Fill** out and sign this form.

Name:_____DOB:_____

Address :_____City:_____State:_____ Zip:____ _

Current Phon e:_____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.**

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