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|  | | | | **Education and Training Voucher (ETV) Program**  **Dual Credit Application** | | | |
| The ETV Dual Credit application is for students who are enrolled in an **eligible** program where you are earning a high school diploma, and taking college credits towards a degree at an accredited college or university. Not all programs are eligible. Contact the ETV program to verify eligibility.  In these types of programs students typically do not pay tuition, however there are other costs involved which may be covered through the ETV Dual Credit Program.  **Eligible Expenses**   1. Books and Supplies, 2. Fee’s such as technology and lab fees, and 3. Transportation    1. Bus pass, or    2. Gas reimbursement and    3. Parking pass   **Award Amount**  Students may be eligible to receive up to $2,000 per academic year (fall, winter, spring).  **Eligibility Requirements**   * Students must be enrolled in a dual credit program at an accredited college or university. * Students must enroll in a minimum of 6 college credits. * Students must meet their college Satisfactory Academic Progress (SAP) requirements by maintaining a 2.0 GPA or better. * Submit their class schedule at the beginning of each term. * Submit their unofficial transcripts at the end of each term. | | | | | | | |
| **Student Contact Information** | | | | | | | |
| NAME (FIRST, LAST) | | | | | DATE OF BIRTH | | SEX  Male  Female   Other |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | | | |
| COUNTY | | | | | ETHNICITY | | |
| HOME TELEPHONE NUMBER | | CELL PHONE NUMBER | | | E-MAIL ADDRESS | | LAST FOUR DIGITS OF YOUR SSN |
| **Caregiver Contact Information** | | | | | | | |
| NAME (FIRST, LAST) | | | | | TELEPHONE NUMBER | | E-MAIL ADDRESS |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | | | |
| **Social Worker Contact Information** | | | | | | | |
| NAME OF SOCIAL WORKER (FIRST, LAST) | | | | | TELEPHONE NUMBER | | E-MAIL ADDRESS |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | | | |
| **High School and College Information** | | | | | | | |
| NAME OF HIGH SCHOOL | | | | | | | TELEPHONE NUMBER |
| ADDRESS CITY STATE ZIP CODE | | | | | | | |
| CURRENT GRADE LEVEL | | | QUARTER ATTENDING IN DUAL CREDIT PROGRAM (CHECK ALL THAT APPLY)  Fall  Winter  Spring | | | | |
| NAME OF COLLEGE/UNIVERSITY | | | | | | | |
| **Supporting Documents** | | | | | | | |
| The ETV Program will need the following documents:   * ETV Participation Agreement * A copy of the student’s college class schedule required at the beginning of each term. * A copy of the student’s unofficial transcripts from the college is required at the end of each term * ETV Payment Request Form | | | | | | | |
|  | | | | | | | |
| **I certify by my signature and initials (please initial before each line and sign and date at the bottom):** | | | | | | | |
|  | To the best of my knowledge all information submitted in this application is complete and accurate. I understand if the information is found to be false, it is sufficient cause for rejection or dismissal from the Education and Training Voucher (ETV) program. | | | | | | |
|  | I give permission to the Department of Children, Youth & Families to provide verification of my foster care status with the college or university to which I have applied, been admitted or am enrolled. | | | | | | |
|  | I understand my educational records are confidential and cannot be disclosed without my consent. With that understanding I give permission to any college, university, or vocational/technical college that I am attending, have attended, or to which I am applying to, provide information about me for the purpose of evaluating my application or assisting me in obtaining educational funding. | | | | | | |
| SIGNATURE DATE | | | | | | PRINT NAME | |
| **Email to**: etvwash@dcyf.wa.gov  For questions call 1-877-433-8388 or e-mail us at [etvwash@dcyf.wa.gov](mailto:etvwash@dcyf.wa.gov)  We are also located at [www.independence.wa.gov](http://www.independence.wa.gov) | | | | | | | |