CHAFEE EDUCATION AND TRAINING VOUCHER PROGRAM (ETV)
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN & FAMILY SERVICES
SFN 252 (11-2018)

Clear Fields

APPLICATION CHECKLIST

To be considered for the Education and Training Voucher Program you must complete the application and attach all supporting documents before you mail in the application. Please initial by each item listed below to ensure that you have included all required information. **Incomplete applications will not be accepted.**

_____ A completed SFN 255 (Chafee Program Request for Financial Assistance Form).

_____ A completed SFN 252 (Chafee Program ETV Application). Please print or type to ensure that we have the most accurate information.

_____ An ETV Eligibility Verification Sheet completed by the most recent Foster Care Worker or Custodian (Attachment A).

_____ Academic Progress Report (Attachment B).

_____ Release of Information (Attachment C).

_____ A copy of the Chafee Transition Plan or Foster Care Case Plan.

_____ A completed cost of attendance/financial aide award letter (obtained from the school).

_____ Verification of all costs of attendance (tuition, room and board, laptop charge, daycare, transportation, etc.)

APPLICATION DEADLINES

Fall Semester	=	August 15th
Spring Semester	=	December 15th
Summer Semester	=	May 15th

EDUCATION AND TRAINING VOUCHER APPLICATION

1. Application Data

Name (Last, First, MI)			Telephone Number	
Address		City	State	ZIP Code
Age	Date of Birth	E-Mail Address		
Gender ☐ Female ☐ Male	Race		US Citizen ☐ Yes ☐ No	
Type of Application ☐ 1st Time ☐ *Re-Application				

*If you have received an ETV in the past, please indicate the date and amount of each voucher received.

1. Date	Amount
2. Date	Amount
3. Date	Amount
4. Date	Amount

2. Contact Information

Please provide contact information for one person who will always be able to get in touch with you.

Name (Last, First, MI)			Telephone Number
Address	City	State	ZIP Code
E-Mail Address			

Please provide the name of your most recent Foster Care Worker or custodian.

Name (Last, First, MI)			Telephone Number
Title	Agency		
Address	City	State	ZIP Code
E-Mail Address			
County in Which You Were Last in Foster Care			Number of Months in Foster Care

3. Education

What school do you attend, or plan on attending?

School Name		Telephone Number	
Address	City	State	ZIP Code
E-Mail Address			

Have you been officially accepted to this school/program? ☐ Yes ☐ No	Date You Will Begin
What degree will you have when your schooling is completed?	Field of Study
Type of Term ☐ Quarter ☐ Semester ☐ Other _____	Credits Required to Attain Degree
Anticipated Graduation Date	If Applicable, Most Recent GPA
If Applicable, Number of Terms Completed To Date	If Applicable, Number of Credits Earned To Date

4. Cost of Attendance and Financial Aide

Semester Cost of Attendance		**Financial Aide**	
Tuition and Fees	$	PEL Grant	$
Room and Board	$	Scholarships	$
Books and Supplies	$	Loans (Amount Accepted)	$
Other	$	Other	$
Total Semester Costs	$	**Total Financial Aide Accepted (Not Including ETV)**	$

Please list any education and related expenses which are above and beyond what a typical student may incur. For example: Child care, excessive transportation costs, laptop, etc.

	$
	$
	$
	$

Total Estimated Cost $

Total Estimated Costs	$
- Total Financial Aide Accepted	$
Total ETV Funding Eligible For	$

ETV award cannot exceed $5000.00 per academic year.
Academic Year = Fall, Spring, Summer.
ETV applications must be submitted each semester.

See deadlines on page 1.

5. Essay

In 250-500 words, explain your educational goals. What is your major in college, or what trade are you choosing to learn? Why did you choose to study this? What goals do you have for yourself for the next year? What goals do you have for yourself for the next five years? How will the ETV program help you achieve the goals you have set? Please type this essay and attach to the application.

AGREEMENT TO COMPLY

I certify that: (Please initial each of these statements)

_____ I will provide documentation following each semester, to verify I am satisfactorily meeting the academic requirements of the program that I attend. I understand that I will not receive ETV funds for the following semester until this documentation is provided.

_____ I agree the information provided with this application is correct to the best of my knowledge.

_____ I agree to work with the Chafee Program Transition Coordinator as needed throughout the academic year.

Applicant Signature	Date

Please forward the completed application packet to:

North Dakota Department of Human Services
Children & Family Services
600 E. Boulevard, Department 325
Bismarck ND 58505-0250
Attention: Chafee Administrator

EDUCATION AND TRAINING VOUCHER
ELIGIBILITY VERIFICATION

Foster Care Worker or Custodian:

The following student has applied for funding through the Education and Training Voucher Program. Please complete the following, and return it to the student who will forward it with the application. Thank you.

Name of Student	Date
Foster Care Entry Date	

Please initial all that apply to verify the student's eligibility to participate in the Education and Training Voucher Program.

_____ Youth was discharged from foster care at the age of 18, or remained in foster care after the age of 18.

Discharge Date

_____ Youth has not reached the age of 26 at the time of application.

_____ Youth was adopted from foster care or entered kinship guardianship from foster care at the age of 16 or older.

Date Adopted or Entered Kinship Guardianship

_____ Youth graduated from high school or obtained their GED at the age of 14 to 18 while in foster care, AND their permanency plan is to remain in foster care until their 18th birthday.

Date Graduated or Obtained GED

_____ Youth is an active participant of the Chafee IL Program.

Comments:

Authorized Signature		Date
Agency	Title	Telephone Number

ACADEMIC PROGRESS REPORT

Institution of Higher Learning:

This student is a recipient of an Education and Training Voucher from the North Dakota Department of Human Services. The student is required to receive a 2.0 GPA to continue to be eligible for the Voucher. Please complete the following and return to the student. Thank you for your assistance.

If the Chafee Transition Coordinator views the online grades, or is provided a semester printout of grades, he/she can sign this Academic Progress Report in place of the institution.

The student received a GPA of 2.0 or higher ☐ Yes ☐ No	Semester Ending
Signature of School Representative/Chafee Transition Coordinator	Date
Title	

Student:

You are required to provide the Department with this report following **each semester**. ETV funds for the following semester will not be paid to the University until this report is received.

Please forward the completed form and a copy of your most recent grades to:

North Dakota Department of Human Services
Children & Family Services
600 E. Boulevard, Department 325
Bismarck ND 58505-0250
Attention: Chafee Administrator

RELEASE OF INFORMATION

STUDENT: Please fill in the names of all Individuals, Institutions, Businesses, or Agencies that the Department will have contact with throughout the ETV process. The Department cannot process the application or provide funding unless a release is provided between all parties involved throughout the process.

I give the North Dakota Department of Human Services and the following entities, permission to exchange information regarding finances, academic progress, and other academic related issues:

Name of Institution of Higher Learning
Name of Agency of most recent Foster Care Worker/Custodian
Name of Chafee Transition Coordinator
Other
Other

This release of information will remain in effect for one year from the date listed below:

Student Signature	Date
Custodian (if student is under age 18)	Date
Witness	Date