

**Reach Higher Montana
Department of Public Health and Human Services
Child and Family Services Division**

Montana Foster Care Independence Program Application for Education and Training Voucher

**PRIORITY DEADLINES: DECEMBER 15 (SPRING AND SUMMER)
JULY 1 (FALL OR FULL SCHOOL YEAR)**

Eligible ETV program participants are youth who are eligible for services under Montana's Foster Care Independence Program (MFCIP) including youth who were adopted or had a guardianship established after the youth's 16th birthday. Young adults who are receiving financial assistance through the voucher program on their 21st birthday may continue to receive ETV assistance up until their 23rd birthday, if the young adult is enrolled in a post-secondary education or training program and is making satisfactory progress toward completion of that program.

Applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate, or have passed a test approved by the U.S. Department of Education (available at some post-secondary institutions) as an alternative for students with a G.E.D. or diploma.

Applicants must be preparing for enrollment in post-secondary education, have been accepted for enrollment, or be presently continuing their education at an institution of higher education including a vocational/technical school.

Applicants must be making satisfactory progress (minimum GPA of 2.0) and provide a copy of a transcript verifying their GPA in order to receive continuing assistance. If applicants are attending a program which does not use grades to document progress, the applicant must provide a letter from the program verifying that the applicant is making satisfactory progress in the program.

Funds provided under the ETV program may only be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act.

- ▶ Follow all directions and answer each question completely to the best of your ability. Enter N/A if the question is not applicable to you.
- ▶ Please type or print neatly.
- ▶ Make sure all items listed on the checklist (next page) are completed or attached.
- ▶ Sign the application and mail it or fax it to:

Rhonda Safford, Programs Manager
Reach Higher Montana
40 W 6th Ave
Helena, MT 59601
rsafford@reachhighermontana.org
1-406-422-1275 X800
Fax – 1-406-495-7852

CHECKLIST

1. Have you completed all pages of the application? _____
2. Have you attached your most current financial aid award letter? _____
3. Have you attached documentation of the cost of attendance for the post-secondary institution that you plan to attend or are attending? _____
4. Have you attached all pages for answers that would not fit on the application? _____
5. Have you attached a copy of your GED scores, high school grades, OR if you are already attending a post-secondary institution, a copy of your most recent transcript? _____
6. HAVE YOU SIGNED AND DATED THE APPLICATION? _____
7. Have you made a copy of the application and all attachments for your records? _____
8. Have you attached a copy of your NSLDS page if you have taken out student loans? _____

Please be aware incomplete applications could be returned to you. If any section of the application is incomplete or if the application is not properly signed and dated, the entire application could be returned and will have to be resubmitted.

Please check one:

- Initial Application
 Renewal Application

RHM Use Only:

- Approved _____
 Denied

APPLICANT INFORMATION

Legal Name: (last, first, middle initial, maiden)	Current mailing address and street address: Street: City: State: Zip:
Birth date: (mm/dd/yyyy) / / Age:	Permanent mailing address and street address: Street: City: State: Zip:
Telephone: Email:	Alternate Telephone (cell, message, etc.):
Are you currently in a foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of your social worker?	If you are not in a foster care placement, were you: <input type="checkbox"/> In foster care up to or beyond your 18 th birthday <input type="checkbox"/> Adopted after age 16 <input type="checkbox"/> Had a guardianship established after age 16
Gender (for statistical use only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Ethnicity (for statistical use only) <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____

List the schools you have attended, beginning with high school and including GED programs, vocational technical and other schools. You may attach a separate page if more room is needed.

Name of School	City & State	Dates Attended	Grade Level Completed	GPA Or GED score	Graduated (Year)

Name of school of program you are planning to or are attending:	Address of school or program:
Type of school or program: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Other	Name and address of Financial Aid Officer or contact person: Telephone:
What type of degree or certificate will you obtain: <input type="checkbox"/> Associates (2 yrs. Or less) <input type="checkbox"/> Bachelor's <input type="checkbox"/> Certificate	What is/are your major(s) or field of study: What is your anticipated date of graduation:

Have you applied to this school or program:
 Yes No

Enrollment status: Full-time Part-time

Have you been accepted?
 Yes No

What is your proposed start date?

Are you already attending?
 Yes No

What year are you in college this year (ie. freshman, sophomore, etc.)?

What is your planned housing arrangement: <input type="checkbox"/> Dorm room <input type="checkbox"/> Rent apartment or house → → → → <input type="checkbox"/> Parent or other relative's home <input type="checkbox"/> Other: _____	If you will be living with a partner or roommate, you can only request assistance through the ETV program for your portion of shared expenses such as rent, utilities, food, etc.
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You must attach information regarding the estimated cost of attendance from the post-secondary institution that you plan to attend, or are attending. You must also provide a copy of your financial aid award letter from the institution, if you have been awarded financial aid or denial letter if you were not eligible for aid.

If you are applying for ETV assistance and have not applied for financial aid from any source other than the ETV program, please explain why not:

Please describe your planned financial contribution to your post-secondary education:

Please provide a personal statement not to exceed one handwritten or typed (double-spaced) page describing your current circumstances, why you are applying for an Education & Training Voucher, what your long-term educational or vocational goals are, when you expect to achieve these goals, and how receipt of an ETV award will help you reach your goals:

Complete the table below to reflect your estimated expenses for the current school year for which you are requesting ETV assistance.

You may use the space in the description column to provide justification for the estimated expenses, you may attach additional pages or provide the Cost of Attendance (COA) from your school. You only need to include monthly amounts for items marked with an *. You must include an explanation as to how you arrived at the monthly amount as well as the total cost (monthly cost times the number of months you are requesting assistance).

Type of Expenses	Monthly Amount	Total Amount	Description
Tuition			
Fees			
Books			
Monthly transportation costs if you will not be living on campus*			
Dorm costs (board) if you will be living in a dorm, or monthly rent* if you will be paying rent.			
The cost of the meal plan if you will be living on campus or your monthly food costs * if you will be living in a house or apartment			
Monthly utilities if requesting ETV assistance for this cost.			
Monthly child care cost if requesting ETV assistance for this cost*.			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
TOTAL ESTIMATED COST OF ATTENDANCE		\$	

Type of Financial Assistance	Amount Awarded	Amount Accepted	Description
Federal Pell Grant			
Scholarships			
Youth Contribution			
Other			
TOTAL		\$	

Total estimated cost of attendance	\$
Less - Total financial assistance/personal resources	\$
Total Unmet need	\$
TOTAL REQUESTED FROM ETV PROGRAM (maximum of \$5000)	\$

All of the information contained in this application, including attachments, is to the best of my knowledge, true and complete. I understand that the funds awarded under the ETV program may only be used for the cost of attendance as defined in Section 472 of the Higher Education Act and I agree to use the funds for that purpose only.

I give Reach Higher Montana the permission to have access to my grades, GPA, class schedule, academic progress, and current address and phone at the school I am currently attending.

Check the above box if we can contact you via text message.

Signature of Applicant

Date

Education and Training Voucher Agreement

Reach Higher Montana is pleased to be able to assist you in pursuing your educational goals with Education and Training Voucher (ETV) Program. As a recipient of the ETV you must agree to the following conditions:

- Spend the ETV funds only on the cost of your education as outlined in your ETV application.
- Maintain contact with Reach Higher Montana on a regular basis and inform them immediately of any problems or changes in your status, such as withdrawing from school; failing classes, changing schools, etc.
- If for any reason you are unable to complete your semester studies you must return any unspent funds.
- Attend classes full-time, complete all coursework and maintain a 2.0 (C) average or satisfactory progress as defined by the educational institution you attend.
- Provide a copy of your final grades to Reach Higher Montana within 4 weeks of the end of the semester.
- Make a sincere effort towards self-support whenever possible.

I have read the above requirements regarding receipt of the Education and Training Voucher and agree to abide by these conditions. I understand that if I fail to meet the above requirements I may not be eligible to receive ETV assistance in the future.

Signature

Date