

**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 16<sup>th</sup> birthday. Young adults who are receiving financial assistance through the voucher program on their 21<sup>st</sup> birthday may continue to receive ETV assistance up until their 23<sup>rd</sup> 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 Hi-Set or have a G.E.D. or Hi-Set 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., Hi-Set or diploma.

Applicants must be preparing for enrollment in higher 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 6<sup>th</sup> Ave  
Helena, MT 59601  
rsafford@reachhighermontana.org  
1-406-422-1275 X800  
Fax – 1-406-495-7852

# CHECKLIST

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

**Please check one:**

- Initial Application  
 Renewal Application

<p>RHM Use Only:</p> <p><input type="checkbox"/> Approved _____</p> <p><input type="checkbox"/> Denied</p>
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**APPLICANT INFORMATION**

Last name: First name: Middle initial: Previous last name:	Current mailing address (while attending school): Address Line 1: Address Line 2: City: State: Zip:
Birth date: (mm/dd/yyyy)    /    / Age:	Permanent mailing address(home or other than school): Address Line 1: Address Line 2: City: State: Zip:
Student's Telephone: Student's Email:	Emergency Contact Telephone:
Gender (statistical use only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	
<b>Race:</b> check only one box (statistical use only) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Two or more races (A person who identifies with being two or more races) <input type="checkbox"/> Prefer not to answer <b>Ethnicity:</b> check only one box (statistical use only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer	

**High school information**

City & State where you attended your last year of high school including Hi-Set or GED programs	High school certification type (high school diploma, GED, Hi-Set)	Certification Score (GPA, Hi-Set Or GED)	Year Graduated



You must attach information regarding the estimated cost of attendance from the higher education 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.

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

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.

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. Monthly amounts marked with an asterisk (\*) must be included. 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)			
<b>TOTAL ESTIMATED COST OF ATTENDANCE</b>		<b>\$</b>	

Type of Financial Assistance	Amount Awarded	Amount Accepted	Description
Federal Pell Grant			
Scholarships			
Other			
<b>TOTAL</b>		\$	

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

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 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.
- Attend classes, 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.
- 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 of Applicant

\_\_\_\_\_  
Date