

**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 may continue to receive ETV assistance up until their 26th 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. There is a five-year limit on the total length of time a youth can receive the ETV voucher (not consecutive).

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 6th 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

RHM Use Only: <input type="checkbox"/> Approved _____ <input type="checkbox"/> Denied
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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	
Race: 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 Ethnicity: 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 **or complete this page**.

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.

You may use the space in the description column to provide justification for the estimated expenses or you may attach additional pages.

Type of Expenses	Semester Amount	Total Amount	Description
Tuition			
Fees			
Books			
Transportation costs if you will not be living on campus*			
Dorm costs (board) if you will be living in a dorm, or rent* if you will be paying rent.			
The cost of the meal plan if you will be living on campus or your food costs * if you will be living in a house or apartment			
Utilities if requesting ETV assistance for this cost.			
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			
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 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