

Virginia Student ETV Application

Independent Living Education and Training Vouchers Program

<input type="checkbox"/> NEW STUDENT	<input type="checkbox"/> RETURNING STUDENT
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IDENTIFYING INFORMATION:

Agency:	Franklin County DSS		FIPS:	67
Youth's Name:			Date:	
Youth's DOB:			SSN:	
College or Training Facility:			Semester:	
Academic Year:			Credit Hrs:	
Academic Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Educational Goal or Degree: <i>(check all that apply)</i>	<input type="checkbox"/>	Certificate		
	<input type="checkbox"/>	Associate		
	<input type="checkbox"/>	Bachelors		
	<input type="checkbox"/>	Post Graduate		
	<input type="checkbox"/>	Other: _____		
Major:				
Youth's Current Address:	Street			
	City		State VA	Zip
Youth's Current Phone:			Cell #:	

DEPARTMENT OF SOCIAL SERVICES INFORMATION

Social Worker's Name:			Phone:	
E-Mail Address:			FAX #:	540-483-6851
IL Coordinator:	Patti Von Preying		Phone:	540-483-6853
E-Mail Address:	pav067@piedmont.dss.state.va.us		FAX #:	540-483-6851

YOUTH'S CURRENT PLACEMENT INFORMATION

Contact Person:			Phone:	
Contact Person Address:	Street			
	City		State VA	Zip
Type of Placement: <i>(i.e., foster/group home, etc.)</i>				

FUNDING REQUEST

Amount of Request for Semester/Period (Not to exceed \$5,000 per Fiscal Year):		
Tuition Costs: →		\$
List Other Expenses:		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL COSTS FOR SEMESTER		

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We verify that the information contained in this application is true and that the following information required for receiving ETV funds has been reviewed and meets the specified criteria.

Does this youth have a *transitional living plan*? **YES** ___ **NO** ___

The youth for whom this application is filed is:

- In or transitioning out of foster care; **OR**
- Adopted from foster care after attaining age 16; **OR**
- Participating in the voucher program on their 21st birthday; **AND**
 - Is not yet 23 years old;
 - Is enrolled in a post-secondary education or training program; and
 - Is making satisfactory progress toward completion of that program.

Supporting Documentation (Check all that apply):

- Financial Aid Award Letter
- Statement of Accounts (Invoices/Receipts)
- Other: _____

SIGNATURES

Youth's Signature:	_____	Date:	_____
Social Worker's Signature:	_____	Date:	_____
Supervisor's Signature:	_____	Date:	_____

Instructions for Local Departments of Social Services ONLY

*Please mail or pouch ETV student application and supporting documentation to the Independent Living Education Specialist within two weeks of application approval.

Instructions for Former Foster Care Youth ages 21 to 23 years old

*Former foster care youth ages 21 to 23 and those adopted from foster care at age 16 should forward the application to the Virginia Department of Social Services