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|  |  The Commonwealth of Massachusetts Executive Office of Health and Human Services **Department of Children and Families** |
| MAURA T. HEALEYGOVERNOR |  600 Washington Street, 6th Floor, Boston, Massachusetts 02111 Tel (617) 748-2000 ◆ Fax (617) 748-2156 |
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| KIMBERLEY DRISCOLLLieutenant Governor |  |
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| KATHLEEN E. WALSH SECRETARY |  |
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| LINDA S. SPEARSCOMMISIONER |  |
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***2023-2024***

***EDUCATION and TRAINING VOUCHER***

***PROGRAM APPLICATION***

The Education and Training Voucher Program is designed to assist eligible Massachusetts foster youth with financial assistance for post-secondary education and vocational training. The completed application form and all required accompanying documentation must be sent via email or mailed to the **Department of Children and Families - ETV Program, 600 Washington Street, Boston, MA 02111 or mail to:** **Youth.Support@mass.gov**. Awards are made based on demonstrated financial need and the availability of funding and are awarded for no more than 5 academic years.

**Eligibility and Qualifications:**

1. Applicants must complete the financial aid process at their college or vocational training school which includes completing the ***2023-2024 FAFSA* (Free Application for Federal Student Aid – www.fafsa.ed.gov).** A school-issued account statement showing *both* the billed amount and financial aid awarded must be included with the ETV application.
2. Applicants must be or have been in Department of Children and Families (DCF) custody at least until their 18th birthday, or have been adopted through DCF after attaining the age of 16, or placed in a DCF sponsored Guardianship with a relative after the age of 16 through age 18.
3. Applicants must be enrolled in a post-secondary educational or vocational training program that is FAFSA eligible and be making satisfactory academic progress, as defined by their program.
4. Applicants must be under age 26.
5. Applicants must be US citizens or eligible non-citizens.
6. If re-applicant, most recent transcripts are required.
7. If re-applicant, receipts from prior award are required.

**☞Complete application to its entirety, all fields required.☜**

##### Date:Click or tap to enter a date.

**1. *Have you ever applied for the ETV grant before? YES*** [ ]  ***NO*** [ ]

|  |  |
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| **2. Name**  |  |
| **3. Pronouns** |  |
| **4. DOB** |  |
| **5. Social Security #** |  |
| **6. Email address:** |  |
| **7. Address:** |  |
|  | **City:** |  | **State** |  | **ZIP** |  |
| **8. Telephone Number:** |  |
|  |  |  |  |  |  |  |  |
| **9. Vocational School/College where currently enrolled:** |  |
|  | **City:** |  | **State:** |  | **ZIP:** |  |

**10. What is your current grade level? What is your current enrollment status?**

 [ ]  1st year/ freshman [ ]  Enrolled Part-time

 [ ]  2nd year/ sophomore [ ]  Enrolled Full-time

 [ ]  3rd year/ junior

 [ ]  4th year/ senior

 [ ]  Voc/Technical Program

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| **Expected date of graduation (month/year)** |

**11. Are you currently in the care of the Department of Children and Families?** Yes[ ] No [ ]

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| **12. Current/Former Area Office** |  | **If currently involved, name of Social Worker** |

**13. Do you currently receive services through the Department of Children and Families Adolescent Outreach Program?**

 Yes [ ]  No [ ]  If yes, name of Outreach Worker**:**

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**14. What will your living situation be when you attend school (check one)?**

[ ]  Dorm

[ ]  Independent Living/Transitional Living Program

[ ]  Foster Home

[ ]  Rented Apartment/House (**please indicate your individual monthly rent**): $

[ ]  Home of parent/family member (**if paying rent- amount charged**): $

[ ]  Other (please explain):

**15. Are you in need of housing location assistance in order to attend your educational program or do you need housing location assistance over semester breaks/holidays?**

 [ ]  YES (If yes, please email your Social Worker or email youth.support@mass.gov.)

 [ ]  NO

**16. Are you eligible for the Massachusetts Foster Child Grant?\*** Yes [ ]  No [ ]

In order to be eligible, you must be a full-time student, have come into DCF custody via a Care and Protection Petition, and have left DCF care at age 18 or signed a Voluntary Placement Agreement at

age 18. The priority filing deadline for the Foster Child Grant is June 16, 2023.

**17. Are you eligible for the Massachusetts Foster Child Tuition and Fee Waiver?\*** Yes [ ]  No [ ]

Students must be attending a Massachusetts public college or university. All eligible students must apply for a Massachusetts Foster Child Tuition and Fee Waiver.

 If yes, do you currently have a Massachusetts Foster Child Tuition and Fee Waiver? Yes [ ] No [ ]

***\*Eligibility criteria and applications for these programs can be found online at www.mass.gov/dcf under the Adolescent Services link.***

**18. Please use the table below to indicate the type of financial assistance that you are requesting through ETV:**

**Type of assistance requested**  **Amount requested**

|  |  |
| --- | --- |
| Cash balance owed to school  |   |
| Educational Loans |   |
| Books and Supplies  |   |
| Transportation  |   |
| Technology  |   |

**19. Do you receive young adult support payments?** Yes [ ]  No [ ]

 If yes, are they received via check or direct deposit? Check [ ]  Direct Deposit [ ]

 **20. Optional (responses will not impact awards):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Racial Identity:** | Choose an item. |  | **Gender Identity:** | Choose an item. |
| **Ethnic Identity** | Choose an item. | **LGBTQ+: Yes** [ ]  **No**[ ]  |
| **Identify as Disabled: Yes** [ ]  **No**[ ]  |  **American Indian/Alaskan Native Ancestry? Yes** [ ]  **No**[ ]  |  |
|  |  **If Yes, Tribal Affiliation:** |  |

**21. Required Documentation Checklist\***

**\*Your application must include ALL of the items below before funding can be determined. Applications that are not complete will not be processed until all documents are received.**

Completed ETV Application Form, Pages 2-4 [ ]

###### Financial Aid Award Letter [ ]

Tuition Bill/Detailed Account History [ ]

Signed W-9 Form [ ]

###### Transcript, if re-application [ ]

Receipts for prior awards, if re-application [ ]

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|       |
|  (Name of college or vocational training program) |
| Please provide information from the educational records of: |
|       |
|  (Student’s name) |

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| MARY A. BECKMAN SECRETARY |  |
| ♦ |  |
| LINDA S. SPEARSCOMMISIONER |  FERPA CONSENT TO RELEASE STUDENT INFORMATION |
|  |  |
|  |  **To the Administrative Offices of:** |

To:The Massachusetts Department of Children and Families

The information that is to be released under this consent includes:

* financial aid records
* billing information
* transcripts
* disciplinary records

The information is to be released for the purposes of grant administration, financial, and academic planning.I understand the information may be released verbally or in the form of copies of written records, as preferred by the requester. I have the right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent prospectively.

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| **Name (print):** |       |
| **Signature:** |  |
| **Student ID Number:** |       |
| **Date:** |       |

