

CHARLES D. BAKER  
GOVERNOR

KARYN E. POLITO  
LIEUTENANT GOVERNOR

MARYLOU SUDDERS  
SECRETARY

LINDA S. SPEARS  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
**Department of Children and Families**

600 Washington Street, Boston Massachusetts 02111  
Tel (617) 748-2000 ♦ Fax (617) 748-2156

**2020-2021**

***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 returned to the **Department of Children and Families - ETV Program, 600 Washington Street, Boston, MA 02111**. Awards are made based on demonstrated financial need and the availability of funding.

**Eligibility and Qualifications:**

- Applicants must complete the financial aid process at their college or vocational training school which includes completing the **2020-2021 FAFSA (Free Application for Federal Student Aid – [www.fafsa.ed.gov](http://www.fafsa.ed.gov))**. A school-issued financial aid award letter must be included with the ETV application.
- Applicants must be or have been in DCF custody at least until their 18<sup>th</sup> 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.
- Applicants must be enrolled in a post-secondary educational or vocational training program and have a satisfactory performance level as defined by their program.
- Applicants must be under age 26.
- Applicants must be US citizens or eligible non-citizens.
- If re-applicant, most recent transcripts are required.
- If re-applicant, receipts from prior award are required.



Date:

*Have you ever applied for the ETV grant before?* YES \_\_\_\_\_ NO \_\_\_\_\_

1. Name: \_\_\_\_\_ 2. D.O.B.: \_\_\_\_\_

3. Social Security #: \_\_\_\_\_ 4. E-mail address: \_\_\_\_\_

5. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Telephone number: \_\_\_\_\_

7. Vocational School/College where currently enrolled: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

8. What is your current grade level?

- \_\_\_\_\_ 1<sup>st</sup> year/ freshman
- \_\_\_\_\_ 2<sup>nd</sup> year/ sophomore
- \_\_\_\_\_ 3<sup>rd</sup> year/ junior
- \_\_\_\_\_ 4<sup>th</sup> year/ senior
- \_\_\_\_\_ Voc/Technical Program

What is your current enrollment status?

- \_\_\_\_\_ Enrolled Part-time
- \_\_\_\_\_ Enrolled Full-time

Expected date of graduation (month/year): \_\_\_\_\_

9. Are you currently in the care of the Department of Children and Families? Yes \_\_\_ No \_\_\_

10. Current/Former Area Office: \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_ If yes, name of Outreach Worker \_\_\_\_\_

12. 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) \_\_\_\_\_

13. 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, you will be contacted at the phone number you provided.)
- \_\_\_\_\_ NO

**14. 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 July 1, 2020.

**15. 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](http://www.mass.gov/dcf) under the Adolescent Services link.**

**16. 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	
Child Care	
Technology	

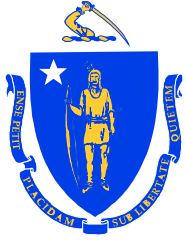
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**Required Documentation Checklist**

**Your application must include ALL of the items below before funding can be determined.**

- 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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**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

**To the Administrative Offices of:**

\_\_\_\_\_  
(Name of college or vocational training program)

Please provide information from the educational records of:

\_\_\_\_\_  
(Student's name)

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.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_

