

**Student Assistance Foundation
Department of Public Health and Human Services
Child and Family Services Division**

Montana Foster Care Independence Program Application for Education and Training Voucher

**DEADLINES: JANUARY 15 (SPRING AND SUMMER)
JULY 15 (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 on their 21st birthday may continue to receive ETV assistance up until their 23rd 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 have a G.E.D. 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. or diploma.

Applicants must be preparing for enrollment in post-secondary 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, Foster Care Education Advocate
Student Assistance Foundation
2500 Broadway
Helena, MT 59601
rsafford@safmt.org
1-800-852-2761 ext 7750
Fax – 1-406-495-7852

CHECKLIST

1. Have you completed all pages of the application? _____
2. Have you attached your most current financial aid award letter? _____
3. Have you attached documentation of the cost of attendance for the post-secondary institution that you plan to attend or are attending? _____
4. Have you attached all pages for answers that would not fit on the application? _____
5. Have you attached a copy of your GED certificate or high school diploma and grades, OR if you are already attending a post-secondary institution, a copy of your most recent transcript? _
6. HAVE YOU SIGNED AND DATED THE APPLICATION? _____
7. Have you made a copy of the application and all attachments for your records? _____

Please be aware incomplete applications will be returned to you. If any section of the application is incomplete or if the application is not properly signed and dated, the entire application will be returned and will have to be resubmitted.

Please check one:

- Initial Application
 Renewal Application

SAF Use Only:

- Approved _____
 Denied

APPLICANT INFORMATION

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name: (last, first, middle initial, maiden) | Current mailing address and street address: Street: City: State: Zip: |
| Birth date: (mm/dd/yyyy) / / Age: Social Security Number: | Permanent mailing address and street address: Street: City: State: Zip: |
| Telephone: Email: | Alternate Telephone (cell, message, etc.): |
| Are you currently in a foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of your social worker? | If you are not in a foster care placement, were you: <input type="checkbox"/> In foster care up to or beyond your 18 th birthday <input type="checkbox"/> Adopted after age 16 <input type="checkbox"/> Had a guardianship established after age 16 |
| Gender (for statistical use only) <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity (for statistical use only) <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: |

List the schools you have attended, beginning with high school and including GED programs, vocational technical and other schools. You may attach a separate page if more room is needed.

| Name of School | City & State | Dates Attended | Grade Level Completed | GPA | Graduated (Year) |
|----------------|--------------|----------------|-----------------------|-----|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|-------------------------------------------------|------|-----|-----|
| College Entrance Exam Scores (if applicable) | PSAT | SAT | ACT |
|-------------------------------------------------|------|-----|-----|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Name of school of program you are planning to or are attending: | Address of school or program: |
| Type of school or program: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Other | Name and address of Financial Aid Officer or contact person: Telephone: |
| What type of degree or certificate will you obtain: <input type="checkbox"/> Associates (2 yrs. Or less) <input type="checkbox"/> Bachelor's <input type="checkbox"/> Certificate | What is/are your major(s) or field of study: What is your anticipated date of graduation: |

Have you applied to this school or program:
 Yes No

Enrollment status: Full-time Part-time

Have you been accepted?
 Yes No

What is your proposed start date? or

Are you already attending?
 Yes No

What is the date you began attending?

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is your planned housing arrangement: <input type="checkbox"/> Dorm room <input type="checkbox"/> Rent apartment or house → → → → <input type="checkbox"/> Parent or other relative's home <input type="checkbox"/> Other: _____ | 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 must attach information regarding the estimated cost of attendance from the post-secondary 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.

If you are applying for ETV assistance and have not applied for financial aid from any source other than the ETV program, please explain why not:

Please describe your planned financial contribution to your post-secondary education:

Please provide a personal statement not to exceed one handwritten or typed (double-spaced) page describing your current circumstances, why you are applying for an Education & Training Voucher, what your long-term educational or vocational goals are, when you expect to achieve these goals, and how receipt of an ETV award will help you reach your goals:

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

You may use the space in the description column to provide justification for the estimated expenses or you may attach additional pages. You only need to include monthly amounts for items marked with an *. 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) | | | |
| Other (specify) | | | |
| TOTAL ESTIMATED COST OF ATTENDANCE | | \$ | |

| Type of Financial Assistance | Amount Awarded | Amount Accepted | Description |
|------------------------------|----------------|-----------------|-------------|
| Federal Pell Grant | | | |
| Scholarships | | | |
| Youth Contribution | | | |
| 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 Rhonda Safford of Student Assistance Foundation the permission to have access to my grades, GPA, class schedule, academic progress, financial aid including loan balances and current address and phone at the school I am currently attending.

Signature of Applicant

Date