

Instructions: Fill out and sign this form.

Please indicate the School Year _____ Date: _____

I will be attending (Check all that apply for the School Year):

Fall **Spring** **Summer**

1. Personal Information

Last Name _____ First Name _____ Middle Initial _____

Current Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Social Security Number/ URM Alien ID Number _____

Primary Number: (_____) _____ Alt. Number: (_____) _____

Primary E-Mail Address _____

For URM applicants: Please list the State or agency of conservatorship

2. Demographic Information

Date of Birth: _____ Age: _____

Note: You must have participated in the ETV program before your 21st birthday to continue to qualify for ETV up to your 23rd birthday. ETV funding ceases upon your 23rd birthday.

Gender:

Male Female Other

Please indicate your status:

Alaskan Native American Indian Asian or Pacific Islander
 African American Hispanic White
 Unknown Biracial or Multiracial Other (specify) _____
(Includes International status)

3. School Enrollment Information

Check the Type of School You Attend or Plan to Attend.

Vocational/Technical/Career College Community College Junior College
 Dual College Credits Four Year Institution Other (specify) _____

School Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-Mail Address _____

College Major/Area of Study _____

***Student Classification** (Please check your current classification status)

Freshman Junior Dual College Credit

Sophomore Senior or above Vocational/Technical/Career School

Freshman-0-29 credit hours; **Sophomore**-30-59 credit hours;

Junior-60-89 credit hours; **Senior**-90 or more credit hours.

***Required-Information may be verified by the ETV staff.**

4. Contact Information

If known, please provide contact information for URM Case Manager, or URM Program Specialist.

Last Name _____ First Name _____

Phone (_____) _____ E-Mail Address _____

X

Applicant's Signature

Date

**By signing you verify that the information provided above is correct to be best of your knowledge.*

Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:

BCFS-Attn: ETV

4346 NW Loop 410, San Antonio, TX 78229

Phone: 1-877-268-4063 Fax: 210-208-5605

ETV Coordinator email addresses are located at www.texasETV.com

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Please check if this is a new address

Phone: (_____) _____ Email: _____

Initial each of the following to acknowledge the requirements of the ETV Program:

_____ I will enroll in a college or vocational program and provide accurate and current school information, including my most recent GPA status, when applicable to BCFS Health and Human Services.

_____ I understand that the ETV Program determines the amount of my ETV award.

_____ I understand that it is my responsibility to provide updated information on my address, phone number or any other contact information to the ETV program. **This includes notifying BCFS if I am in the Extended Foster Care or Supervised Independent Living program.**

_____ I understand that in order to continue to receive ETV after turning age 21 I must be participating in the ETV program on my 21st birthday.

_____ I understand that once I turn 21 I must meet my school's standards for satisfactory academic progress each semester to continue to receive funds from the ETV program. I understand that it is my responsibility to learn and understand my school's standards for satisfactory academic progress.

_____ I confirm I have submitted a FAFSA application for the current academic year.

_____ I will provide supporting documentation when requested by BCFS Health and Human Services.

_____ I understand that it is my responsibility to submit a budget worksheet for only **ALLOWABLE expenses that have been determined by the school that I am attending:**

Allowable Expenses for ETV

- Housing and utilities
- Room and board costs/food
- Personal living expenses
- Tuition/fees (If applicable)
- Books and related school supplies
- Dependent or childcare
- Transportation needs (no vehicles purchases)
- Computer or other required equipment
- Disability related services and equipment
- Medical insurance through school
- Other, as allowed by the school

ETV Participants' Signature _____ Date _____

Please Return to BCFS-Health and Human Services by Mail or FAX:

**Attention: ETV Program
 4346 NW Loop 410 | San Antonio, Texas 78229
 Fax: 210-208-5605**

Submit required documents on the checklist. **Failure to submit a completed, signed application with required supporting documents may result in a delay or denial of the ETV application and/or check disbursements.**

- Complete and sign the application. The application packet includes:
 - Signed Verification of ETV eligibility from a URM Program Specialist. Out of state youth- If a youth was not previously enrolled in another state's ETV program, the youth must provide proof that they aged out of or were emancipated from that states foster care system to be eligible for ETV in Texas.**
 - Signed Consent for Release of Information form**
 - Signed Participant Agreement
 - Signed Student Classification form, (needed if enrollment documents do not indicate the Students current classification)

- A copy of your current financial aid award letter (if applicable), or billing statement from the vocational training program

- A print out of your “current” class schedule which must indicate a minimum of six (6) credit hours enrolled.

- Completed purchase voucher and supporting documents

- Completed Student budget worksheet

Instructions:

- Follow all document instructions when filling out the forms to be submitted.
- Make copies of all required documents on the checklist for your records and for future reference.

***Do not send the checklist.

Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:

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