

Please indicate the School Year _____

I will be attending (Check All that Apply):

- Fall**
 Spring
 Summer
 Other _____

1. Application Data

Are you currently in Extended Foster Care or Supervised Independent Living Program?

- Yes No

If Yes, ETV can only pay for non-housing related expenses such as tuition and fees, books and school supplies, a computer/software, low-cost cell phone, or transportation. This information may be verified with Catholic charities/USCCB by the ETV staff.

Last Name _____ First Name _____ Middle Initial _____
 Check if you have changed your name

Original Name _____

Please List the Address where you prefer to receive mail

Current Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Social Security Number/ URM Alien ID Number _____

Current Phone Number: (_____) _____ E-Mail: _____

Cell Phone (_____) _____ Region (if known) _____

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

2. Contact Information

Please provide contact information for Case Manager/ URM Program Specialist, if known.

Last Name _____ First Name _____

Agency _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-Mail _____

3. School Information (vocational/technical, community college, junior college, university)

School Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ EMail: _____

Type of School You Are, or Will Attend

Vocational/Technical Community College Junior College

Four Year Institution Other (specify) _____

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 further verified by the ETV staff.*

X _____
Applicant's Signature

Date

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**

ETV Re-Application-Check List

- Signed Update Application
- Financial Aid Award Letter
- Current Class Schedule
- Consent for Release of Information
- Unofficial Transcripts or Grade Report (Current)
- Signed Participant Agreement
- Signed Student Classification form (*when appropriate*)
- Completed Student Budget Worksheet
- Completed Purchase voucher and supporting documents

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 Update Form and other required documents to:

BCFS

Attention: ETV

4346 NW Loop 410

San Antonio, TX 78229

Phone: 1-877-268-4063

Fax: 210-208-5605

ETV Coordinator e-mail addresses are located at www.texasETV.com