



Education and Training Voucher (ETV) Program Dual Credit Application

The ETV Dual Credit application is for students who are enrolled in an **eligible** program where you are earning a high school diploma, and taking college credits towards a degree at an accredited college or university. Not all programs are eligible. To verify the program you are or plan to enroll in is eligible, contact the ETV program.

In these types of programs students typically do not pay tuition, however there are other costs involved which may be covered through the ETV Dual Credit Program.

Eligible Expenses

1. Books and Supplies,
2. Fee's such as technology and lab fees, and
3. Transportation
 - a. Bus pass, or
 - b. Gas reimbursement and
 - c. Parking pass

Award Amount

Students may be eligible to receive up to \$2,000 per academic year (fall, winter, spring).

Eligibility Requirements

- Students must be enrolled in a dual credit program at an accredited college or university.
- Students must meet their college Satisfactory Academic Progress (SAP) requirements by maintaining a 2.0 GPA or better.
- Submit their class schedule at the beginning of each term.
- Submit their unofficial transcripts at the end of each term.

Student Contact Information			
NAME (FIRST, LAST)		DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
MAILING ADDRESS		CITY	STATE ZIP CODE
COUNTY		ETHNICITY	
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	LAST FOUR DIGITS OF YOUR SSN
Adult Contact Information			
NAME (FIRST, LAST)		TELEPHONE NUMBER	E-MAIL ADDRESS
MAILING ADDRESS		CITY	STATE ZIP CODE
Social Worker Contact Information			
NAME OF SOCIAL WORKER (FIRST, LAST)		TELEPHONE NUMBER	E-MAIL ADDRESS
MAILING ADDRESS		CITY	STATE ZIP CODE
High School and College Information			
NAME OF HIGH SCHOOL			TELEPHONE NUMBER
ADDRESS		CITY	STATE ZIP CODE
CURRENT GRADE LEVEL	QUARTER ENROLLING IN DUAL CREDIT PROGRAM (CHECK ONE) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		
NAME OF COLLEGE/UNIVERSITY			

Supporting Documents

The ETV Program will need the following documents:

- ETV Participation Agreement
- A copy of the student's college class schedule required at the beginning of each term.
- A copy of the student's unofficial transcripts from the college is required at the end of each term
- ETV Payment Request Form

I certify by my signature and initials (please initial before each line and sign and date at the bottom):

_____ To the best of my knowledge all information submitted in this application is complete and accurate. I understand if the information is found to be false, it is sufficient cause for rejection or dismissal from the Education and Training Voucher (ETV) program.

_____ I give permission to the Department of Social & Health Services to provide verification of my foster care status with the college or university to which I have applied, been admitted or am enrolled.

_____ I understand my educational records are confidential and cannot be disclosed without my consent. With that understanding I give permission to any college, university, or vocational/technical college that I am attending, have attended, or to which I am applying to, provide information about me for the purpose of evaluating my application or assisting me in obtaining educational funding.

SIGNATURE DATE

PRINT NAME

Mail To: ETV Program, PO Box 45710, Olympia WA 98504-5710

For questions call 1-877-433-8388 or e-mail us at etvwash@dshs.wa.gov

We are also located on the web at www.independence.wa.gov