

**Education & Training Voucher Program - ETV**

Central Plains Center for Services, through a contracted partnership with the Nebraska Department of Health and Human Services, administers the Education and Training Voucher (ETV) Program. This program provides financial assistance for tuition, fees and books, as well as one-on-one support, for current and former state wards to attend college.

**Am I eligible?**

Yes…if you have graduated from high school or obtained a GED and meet one of the following criteria:

* State or Tribal wards who are age 17 or older.
* Youth who were in the State or Tribe’s custody and received guardianship or adopted status at the age of 16 or older and have yet to reach age 21.
* Youth who were in the State or Tribe’s custody on their 17th birthday and are now between the ages of 17 and 21.
* Youth participating in the ETV Program on their 21st birthday, are eligible until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program.
  + Youth must be attending public or private four-year colleges or universities, two-year community colleges, vocational-technical schools or specialized non-profit trade schools as defined in the Higher Education Act of 1965.

**How can ETV help me?**

You can receive up to $3,000.00 per year (an individual shall not exceed the lesser of $3,000.00 per year or the total cost of attendance).

**ETV funds can cover the following school related expenses:**

* **Tuition and Fees**
* **Books**
* **Application Fees**

**How do I apply?**

You must complete an application and return it to us. You can get an application at:

* Website: [www.central-plains.org](http://www.central-plains.org)
* Your local HHS Office
* By calling us at 308-872-6176

**How do I know if I have been accepted into the ETV Program?**

* Once your application is received at our office, our Youth Education Specialists, Andra White or Michele Taylor, will contact you by phone to review the application as well as review with you the services ETV will be able to provide.
* For questions please contact Central Plains Center for Services at (308) 872-6595 or by email at awhite@central-plains.org.

# EDUCATION & TRAINING VOUCHER APPLICATION

#### Part A- Applicant Information

## Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address** (both mailing and street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of dismissal from State’s Custody** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** **at time of dismissal** \_\_\_\_\_\_\_

### Or, if applicable: Date of expected dismissal from State’s Custody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tribal Ct. Jurisdiction at time of dismissal (if applicable)** \_\_\_\_\_\_\_\_\_\_**Date of dismissal**\_\_\_\_\_

**Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Desired date of college/school entrance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required demographic information (current)**

**Age** \_\_\_\_ **Gender**\_\_\_\_\_ **Race/Ethnicity** \_\_\_\_\_\_\_\_\_\_  **Tribal Affiliation** (if any) \_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs**, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Married?** Yes, \_\_\_\_\_ No,\_\_\_\_\_\_ **Are you a parent?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes is the child living with you? Yes \_\_\_ No\_\_\_; If not are you paying support? Yes\_\_ No\_\_\_

**Are you employed**? Yes \_\_\_ No\_\_\_\_ If so, is it considered part time \_\_\_\_\_ or full time \_\_\_\_\_

**A. PROTECTION AND SAFETY WORKER INFORMATION (IF APPLICABLE)**

P&S Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Location (City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For PSW: Please indicate what the youth’s permanency and independent living plan is:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PSW Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this Education and Training Voucher Application, I authorize the school I am attending to release all requested information to Central Plains Center For Services. In addition, I agree to comply with my outlined Education Plan and verify that the information in this application is accurate.**

**Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education and Training Voucher Application**

**Part B-Education and training Plan**

The purpose of this plan is to ensure that your educational needs are met. It is very important that as a participating youth you are involved in developing and designing a plan that will assist in your transition to self-sufficiency as an adult.

The following are necessary steps for your eligibility for financial help through the Education Training Voucher Program. Please provide documentation of the completion of each step.

 Completed admission at chosen school

 Completed admission testing (if necessary)

 Completed the Free Application for Federal Student Aid (FAFSA) – FAFSA confirmation

letter attached

 Register for classes – Copy of class registration or schedule attached. This must include

the total tuition and fee charges and total number of credit hours registered

 Statement of book costs – This must include exact cost of books for your classes.

You may need to contact the campus bookstore for prices.

 Complete a minimum of 75% of classes and maintain at least a C (or 2.0) average.

A copy of your grade report must be submitted within 30 days of the completion of your classes.

**To become a part of the Education Training Voucher Program, please submit the following**:

1. **Part A – Application/Youth Information**
2. **Part B – Completed Education Plan (along with necessary documents)**
3. **Part C – Youth Budget**

**Please submit your application and necessary documents by fax, email or mail to:**

**Central Plains Center For Services**

**908 South E Street**

**Broken Bow, NE 68822**

**Email:** [**centralplains6176@msn.com**](mailto:centralplains6176@msn.com)

**Fax: (308) 872-6596**

**Phone: (308) 872-6176**

**Education Specialist Contact Information**

**Andra White Michele Taylor**

**908 South E Street 908 South E Street**

**Broken Bow, NE 68822 Broken Bow, NE 68822**

**Phone: 308 872-6595 Phone: 308 627-3998**

**Email:** [**awhite@central-plains.org**](mailto:awhite@central-plains.org) **Email:** [**mtaylor@central-plains.org**](mailto:mtaylor@central-plains.org)

EDUCATION AND TRAINING VOUCHER PROGRAM

Part C- Youth Budget

# Monthly Basic Living Education Budget

# Needs Budget Per Session

## Expenses Expenses

**Rent Tuition**

**Utilities Fees**

**Deposits Books**

**Food Supplies**

**Transportation Testing**

**Child Care Tutor**

**Telephone Other**

**Other**

**TOTAL TOTAL**

**Income Income**

**Wages Federal Grant**

# Unearned Income Loans

**Former Ward Scholarships**

**Other State Grant**

**TOTAL TOTAL**

**Income minus Expenses Income minus Expenses**

Justification for Funds (How does this fulfill your education plans?)