

Education & Training Voucher Program Plan

Youth Name:	Date:
ETV Plan Dates: (Specify the Year Below) From: July 1,	To: June 30,
Number of years participated in the ETV program prior to this plan year as per Self-Sufficiency Information System (SSIS):	
<i>Shall be reviewed, updated, and approved at every case plan or when circumstances change.</i>	

Section 1: Youth's Educational Plan & Identified Action Steps				
Post-Secondary Educational Institution:	Educational Track:			
	<input type="checkbox"/> Certification	<input type="checkbox"/> Bachelor's Degree		
	<input type="checkbox"/> Training	<input type="checkbox"/> Master's Degree		
Major or Field of Study:	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Other _____		
Action Steps:				
Campus tour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Initial consultation with academic advisor / counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Application for admission completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Placement exam(s) completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Free Application for Federal Student Aid (FAFSA) completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Custody verification letter turned into financial aid department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copy of FAFSA award letter received by Independent Living Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copy of semester schedule turned into the Independent Living Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
504 Plan obtained & turned into the post-secondary educational facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Vocational Rehabilitation Services referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copies of housing agreement turned into the Independent Living Coordinator? (Example: signed lease, dormitory contract, rental agreement or foster family transition funds.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copies of grades from prior semesters turned into the Independent Living Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
<i>Specific tasks to complete these requirements shall be identified on the PPS 7000 Self-Sufficiency Plan.</i>				

Section 2: Estimated Costs Associated with Education and/or Training Program Plan Per Year

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Does the school accept the Tuition Waiver ([KS Board of Regents- Public Institution](#))? Yes No NA- Ineligible

Expense Category	\$ Amount
Tuition & Fee's (<i>Do not enter the amount covered by the tuition waiver, if applicable.</i>)	\$
Books & Materials	\$
Room & Board	\$
Special Fees	\$
Child Care	\$
Technical Equipment	\$
Tutoring	\$
Transportation	\$
Clothing	\$
Medical	\$
Miscellaneous (allowable under ETV)	\$
A. Total Costs	\$
<i>Amounts shall be verified by the school.</i>	

Section 3: Financial Awards Associated with Education and Training Program Plan Per Year		
Award	\$ Amount	Verified with the School
Pell Grant	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Supplemental Educational Opportunity Grant (SEOG)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Scholarship Awards Total (<i>add from below</i>)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Student Loans Total	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Perkins Loan</i>	\$	
<i>Subsidized Loan</i>	\$	
<i>Unsubsidized Loan</i>	\$	
<i>Private Loan</i>	\$	
Work Study	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other (Identify)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
B. Total Financial Awards	\$	
C. Total Financial Need (A – B = C)		
<i>A. Total Cost – B. Total Financial Awards = C. Total Financial Need</i>	\$	
Amount authorized by DCF Independent Living Coordinator (ETV funds are subject to availability.)	\$	
Scholarship Applications Completed: At Least 3 (List Below)	Amount Awarded, If Applicable	Verification Provided to DCF Independent Living Coordinator (If an exception has been granted check NA below.)

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1.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

An exception to the minimum 3 scholarships has been granted by the Independent Living Supervisor.
(For example, the youth plans to complete a Certified Nursing Assistant course and scholarships aren't available for this purpose or the youth has received a full scholarship to attend the school. Explain the circumstances warranting an exception below. Skip below if an exception doesn't apply.)

Exception granted, explain basis:

Section 4: Financial Assistance Authorized by Independent Living Coordinator *(At the end of the fiscal year, attach an SSIS ETV expenditure report.)*

By signing this plan, I agree to provide verification of 3 scholarship applications and complete all required admissions documents and tests for the chosen school or training program. I will provide my DCF IL Coordinator with copies of all financial aid award letters, a copy of my semester schedule, and a copy of my grade reports for the semester.

Signatures	Date	Signatures	Date
Young Adult:		DCF IL Coordinator:	
Mentor:		DCF IL Supervisor:	

