

**EDUCATION & TRAINING VOUCHER APPLICATION**  
**PART A- APPLICANT INFORMATION**

Today's Date: \_\_\_\_\_

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

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

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

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

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 \_\_\_\_ Sex \_\_\_\_ 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 Central Plains Center for Services to contact the school I am attending to verify my eligibility, along with my financial aid and academic information. 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 process to chosen school.  
Attach acceptance letter.
  - Completed admission testing.  
If necessary
  - Completed the Free Application for Federal Student Aid (FAFSA)  
Attach FAFSA confirmation letter and award letter from the college
  - Register for classes  
Attach registration and class schedule
  - 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.
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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 check that the following documents are attached to your ETV application:

- Acceptance letter from the college you will be attending.
- FAFSA confirmation letter and financial aid award letter from the college.
- Your registration or class schedule. This must include the total tuition and fee charges.
- The exact cost of the books for the classes you will be taking. Contact the campus bookstore for prices.

Please submit your application and necessary documents to:

Central Plains Center For Services  
Attention: Andra White Or Michele Taylor  
908 South E Street  
Broken Bow, NE 68822  
308-872-6176

# EDUCATION AND TRAINING VOUCHER PROGRAM

## PART C- YOUTH BUDGET

	Monthly Basic Living Needs Budget Expenses		Education Budget Per Session Expenses
Rent	_____		Tuition _____
Utilities	_____		Fees _____
Deposits	_____		Books _____
Food	_____		Supplies _____
Transportation	_____		Testing _____
Child Care	_____		Tutor _____
Telephone	_____		Other _____
Other	_____		
<b>TOTAL</b>	_____		<b>TOTAL</b> _____
	<b>Income</b>		<b>Income</b>
Wages	_____		Federal Grant _____
Unearned Income	_____		Loans _____
Former Ward	_____		Scholarships _____
Other	_____		State Grant _____
<b>TOTAL</b>	_____		<b>TOTAL</b> _____
<b>Income minus Expenses</b>	_____		<b>Income minus Expenses</b>
	_____		_____

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

\_\_\_\_\_

\_\_\_\_\_