

Financial Aid Release Form 2015-2016

First Name: _____ Last Name: _____ Current Term: _____

Student Id: _____ Phone #: _____ Last 4 digits of SS#: _____

Student Signature Release: _____ Date: ____ / ____ / ____

I have applied for the federally-funded, Education and Training Voucher (ETV) Program for the current term to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to the program:

Must be completed by Financial Aid Office

ALL FIELDS TO BE COMPLETED FOR CURRENT TERM ONLY!

Calendar System : ☐ Semester ☐ Trimester ☐ Quarter

Current Quarter or Term (check one):

☐ Fall ☐ Winter ☐ Spring ☐ Summer

Number of credit hours this term: _____

Has student applied for FAFSA (check one): ☐ Yes ☐ No

Pell Grant Amount Received (per term): \$ _____

*If Pell is not available indicate why: ☐ EFC too high

☐ Academic Suspension ☐ Ineligible why: _____

School Name:

Campus:

Cost of Attendance per term: \$ _____

As defined by the Higher Ed Act - tuition, fees, room, board, transportation, supplies, etc

Tuition/Fees per term: \$ _____

Subsidized Loans (check one): ☐ Offered ☐ Accepted ☐ Declined \$ _____

Unsubsidized Loans (check one): ☐ Offered ☐ Accepted ☐ Declined \$ _____

Total amount owed to school after all aid has been applied: \$ _____

Does student live (check one): ☐ On Campus ☐ Off Campus → If on campus, housing cost: \$ _____

Does student have a meal plan? ☐ Yes ☐ No → If yes, meal plan cost: \$ _____

Other Grants/Scholarships (current semester only):

Amount

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Preparer's Signature: _____ Print Name: _____ Date: ____ / ____ / ____

Direct Phone #: _____ Email Address: _____

PLEASE FAX FORM TO: 877-234-5025

Questions? Email: newyork@statevoucher.org or Phone: 877-766-5025

www.fc2success.org

www.fc2sprograms.org

Participation Agreement 2015-2016

As a participant in this program, you have responsibilities. Be sure to keep a copy of your ETV forms and other information for your own records. **Remember: Participating in this program means you understand, agree, and will comply with all the following requirements:**

To receive ETV Funding:

- ☐ I must reapply every year after July 1st to be eligible for funding that school year at www.fc2sprograms.org
- ☐ I must complete the Free Application for Federal Student Aid (FAFSA) every year at www.fafsa.ed.gov
***PLEASE TRY TO COMPLETE AT LEAST TWO MONTHS BEFORE CLASSES BEGIN**
- ☐ If I did NOT receive an email from ETV after completing my online application, my email address is not working. Go to www.fc2sprograms.org, 1. Log in using my Username and Password and 2. Fix my email address and anything else that needs to be updated.
- ☐ I have read the ETV program information at www.fc2sprograms.org and I understand that I've started a process; the online application is Part 1, the Financial Aid Release form is Part 2 and, if I am a returning student, the official transcript from my last ETV funded semester is Part 3.
- ☐ At the beginning of each term, I will fill out the top section of the Financial Aid Release Form, and then give it to my school's financial aid office to complete the rest and fax to ETV.
- ☐ It can take ETV 14 days to process my Financial Aid Release Form from the time the school faxes it.
- ☐ I must receive ETV funding for the first time before my 21st birthday.

Once I have been Funded by ETV:

- ☐ **I must communicate with my ETV Coordinator by phone at least once a month. *IF I DO NOT STAY IN REGULAR COMMUNICATION, MY FUNDING MAY BE AFFECTED.***
- ☐ I must have my own working email address. I will check my email at least once a week for emails from ETV and will reply as required.
- ☐ I must maintain a GPA of 2.0 or greater. If I fall below a 2.0 GPA two terms in a row, I may no longer be eligible to receive funding. I can regain my eligibility by earning 12 or more credits with a GPA of 2.0 or greater. At any time, the Academic Success Program will be available to students.
- ☐ Before I withdraw from any class(es) or drop out of school, I will notify my ETV Coordinator by phone in order to remain eligible for future funding.
- ☐ To receive continued funding from ETV, I will request that my registrar's office mail an **official** transcript of my grades at the end of each term to the address at the bottom of this page.
- ☐ I will update my ETV profile immediately if my situation (childbirth, employment, marriage) or ANY of my contact information (email, address, telephone, etc) changes at: www.fc2sprograms.org
- ☐ All ETV funding ceases upon my 23rd birthday.

Questions? Email: newyork@statevoucher.org or Phone: 1.877.766.5025
PLEASE DO NOT SEND THIS TO ETV. KEEP FOR YOUR RECORDS.

YOUR Budget – a Tool For Success

Name: _____

Date: ____ / ____ / ____

Income	per month	EDUCATION RELATED EXPENSES	per semester
Work	\$	Tuition and Fees	\$
Other –IL stipend, state aid	\$	Housing	\$
Other- ex: child support	\$	Meal Plan	\$
<i>Total</i>	\$	Books	\$
LIVING EXPENSES	per month	<i>Total school expenses</i>	\$
Rent	\$	School Related Funding	per semester
Child Care	\$	Pell Grant	\$
Food	\$	Other Grants/ Scholarships	\$
Electric	\$	Student Loans	\$
Natural Gas	\$	<i>Total financial aid</i>	\$
Water	\$	<p>ETV funding may be used to pay:</p> <ul style="list-style-type: none"> - Tuition - Outstanding school balance - On-campus room and board or rent - Meal card or groceries - Books and school supplies (such as uniforms, tools, equipment) - One computer package (ETV only) - Study abroad through qualifying schools <p>Once these expenses have been covered, funds maybe used for other expenses up to the Cost of Attendance (COA):</p> <ul style="list-style-type: none"> - Transportation - Health insurance - Disability service - Dependent child care expenses to licensed providers 	
Phone	\$		
Cable/Internet	\$		
Gas	\$		
Auto Insurance	\$		
Car Payment	\$		
Maintenance	\$		
Bus Pass; Public Transportation	\$		
Dining out, movies, etc.	\$		
Personal Care	\$		
Health Insurance	\$		
Savings	\$		
Other	\$		
<i>Total Living Expenses</i>	\$		

A budget is only useful if you use it.

Please note any financial or other worries you have regarding attending and succeed in a postsecondary program:

- | | |
|---|--|
| <input type="checkbox"/> Reliable Transportation | <input type="checkbox"/> Daily Organizational Skills/Time Management |
| <input type="checkbox"/> Affordable & Licensed Child Care | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Stable & Affordable Housing | <input type="checkbox"/> Understanding How to Succeed in College |
| | <input type="checkbox"/> Other (Please be specific) |

This document must be completed by the STUDENT and faxed to NY ETV (877) 234-5025