Missouri ETV PROGRAM www.fc2sprograms.org

> Submitting this form does not guarantee the student will receive funding <

Financial Aid Release Form 2017-2018

MISSOURI Reach

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 CURRENT TERM ONLY!

Preparer's Signature: _____ **Print Name:** _____ **Date** ___/___/_____

Direct Phone #: _____ **Email Address:** _____

Current Term: *Fall Winter Spring Summer*

# of Credits: _____

Total owed to school after financial aid: $_____

Student refund after financial aid: $_____

Tuition/Fees per term: $ _____

School Name:

_____

Campus:

_____

Cost of Attendance per term: $_____

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

Has student completed the FAFSA: ☐ *Yes* ☐ *No* **Pell Grant Amount Received** (per term): $ _____

**No Pell indicate why:* ☐ *EFC too high* ☐ *Academic Suspension* ☐ *Pending Verification* ☐ *Ineligible why:* _____

Does student live on campus? No or Yes $_____ **Does student have a meal plan? No or Yes** $ _____

Tuition Waiver: $_____ **Perkins Loans** $ _____

Subsidized Loans $ _____ **Unsubsidized Loans** $ _____

Grant/scholarships (current term only):

1.) _____ $ _____

2.) _____ $ _____

3.) _____ $ _____

PLEASE FAX FORM TO: 855-733-8302 or email: mo@statevoucher.org

Questions? 800-585-7115

Missouri ETV PROGRAM
www.fc2sprograms.org

Participation Agreement
2017-2018

As a participant in this program, you have responsibilities. Be sure to keep a copy of your MO 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: mo@statevoucher.org**
- **Phone: 1-800-585-7115**
- **Schedule a phone appointment: http://www.meetme.so/missouri_etv**

PLEASE DO NOT SEND THIS SHEET TO ETV. KEEP FOR YOUR RECORDS.

The Missouri ETV Program is administered by Foster Care to Success
23811 Chagrin Blvd., Suite 210, Beachwood, OH 44122 ▪ www.fc2success.org

YOUR Budget - a Tool For Success

This document is to be completed by the student

Name: _____ **Date:** ____/____/_____

Income	Per Month
Work	$
Other - IL Stipend, State aid	$
Other - ex: child support	$
Total Income	$

Living Expenses	Per Month
Rent	$
Child Care	$
Meal Plan	$
Phone	$
Cable / Internet	$
Electric	$
Natural Gas	$
Water	$
Dining out, Movies, Etc.	$
Clothing	$
Groceries	$
Car Payment	$
Gas	$
Auto Insurance	$
Maintenance	$
Public Transpiration	$
Personal Care	$
Health Insurance	$
Savings	$
Other	$
Total Living Expenses	$

Education Related Expenses	Per Semester
Tuition and Fees	$
Housing	$
Meal Plan	$
Books	$
Total School Expenses	$

School Related Funding	Per Semester
Pell Grant	$
Other Grants / Scholarships	$
Student Loans	$
Total Financial Aid	$

ETV funding may be used to pay:

-Tuition

-Outstanding school balance (current term only)

-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

Once these expenses have been covered, funds may be used for other expenses up to your school's published cost of attendance (COA)

-Transportation

-Health insurance

-Disability Service

-Dependent child care expenses to licensed providers

A budget is telling your money where to go instead of wondering where it went!

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

- ☐ Reliable Transportation
- ☐ Affordable & Licensed Child Care
- ☐ Stable and Affordable Housing
- ☐ Daily organizational skills / Time management
- ☐ Study Skills
- ☐ Understanding how to succeed in college
- ☐ Other (Please be specific)

Please return complete form by fax to 855-773-8302

or email to faxmo@statevoucher.org

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