

Financial Aid Release Form 2016-2017

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

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: \$ _____

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: \$ _____

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

*If Pell is not available indicate why: ☐ EFC too high ☐ Academic Suspension ☐ Ineligible why: _____

Subsidized Loans (Check all that apply) ☐ Offered ☐ Accepted ☐ Declined \$ _____
(enter amount offered even if declined)

Unsubsidized Loans (Check all that apply) ☐ Offered ☐ Accepted ☐ Declined \$ _____
(enter amount offered even if declined)

Perkins Loans (Check all that apply) ☐ Offered ☐ Accepted ☐ Declined \$ _____
(enter amount offered even if declined)

Grant/scholarships (current term only):

1.) _____ \$ _____

2.) _____ \$ _____

3.) _____ \$ _____

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

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

Direct Phone #: _____ Email Address: _____

PLEASE FAX FORM TO: 202-727-7281

Please do not include a fax cover sheet

Questions? Email: dc@statevoucher.org or Phone: 202-727-7507

www.fc2sprograms.org

Participation Agreement

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

- ☐ I must have a working email address and check my email at least once a week for emails from ETV. I will reply as required.
 - ☐ 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 your Username and Password and 2. Fix your email address and anything else that needs to be updated.
- ☐ I have read the specific program information available at www.fc2sprograms.org and I understand that I've started a process; the online application is the 1st step and the Financial Aid Release form is the 2nd step.
- ☐ I must complete the Free Application for Federal Student Aid (FAFSA) annually at www.fafsa.ed.gov
- ☐ At the beginning of each term, I must give the Financial Aid Release Form to my school's financial aid office to be completed and faxed to ETV.
- ☐ It can take up to 14 days to process my form from the time the school faxes it.
- ☐ I must communicate with my ETV Coordinator at least twice a month.
- ☐ I must maintain a GPA of 2.0 or greater. If I fall below that level after 3 terms, I will no longer be eligible to receive funding. At any time, the Academic Success Program will be available.
- ☐ If I withdraw from any classes or drop out of school, I must notify my ETV Coordinator immediately by phone or email 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 must reapply every school year after July 1st to be eligible for funding that year.
- ☐ I understand that when I turn 21, I must be receiving an ETV voucher and in good academic standing in order to continue receiving a voucher to 23 years old.
- ☐ All ETV funding ceases upon my 23rd birthday.
- ☐ I must update my application immediately if ANY of my contact information changes (email, address, telephone, etc) at: www.statevoucher.org

Questions? Email: dc@statevoucher.org or Phone 1.202.727.7507

Signature: _____

Date: _____

Please submit a signed copy of this document to DC ETV: 3700 10th Street NW, Washington DC 20010