

# 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

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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](http://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](http://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](http://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 23<sup>rd</sup> birthday.
- I must update my application immediately if ANY of my contact information changes (email, address, telephone, etc) at: [www.statevoucher.org](http://www.statevoucher.org)

Questions? Email: [dc@statevoucher.org](mailto:dc@statevoucher.org) or Phone 1.202.727.7507

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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