



**Participant's Statement of Responsibility And Acknowledgement of Enrollment and School Attendance**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ Please check if this is a new address

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Initial each of the following to acknowledge each condition:**

\_\_\_\_ I confirm that I enrolled in a college or vocational program and plan to attend:

\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer (please check all that apply)

\_\_\_\_ I understand that the purpose of this form is to allow the ETV Program to issue a check for a prorated amount of my ETV award.

\_\_\_\_ I understand that The Education and Training Voucher Program is a federally funded program that is administered by the Department of Family and Protective Services through BCFS Health and Human Services.

\_\_\_\_ I understand that it is my responsibility to budget my funds and that I will use ETV Funds **ONLY** for **ALLOWABLE expenses to include:**

**Allowable Expenses**

- Residential housing
- Room and board costs/food
- Tuition/fees (If applicable)
- Books and related school supplies
- Childcare
- Transportation needs
- Computer or other required equipment
- Medical insurance through school

**Examples of Expenses that are NOT allowed**

- Entertainment (film, sports, games, etc.)
- Non-school related electronics
- Furniture
- Make up / cosmetics
- Alcoholic beverages
- Tobacco
- Gift cards
- Jewelry

\_\_\_\_ I understand that it is my responsibility to update my address, phone number or any other contact information to the ETV program.

\_\_\_\_ I have read and agree to the conditions listed above.

ETV Program Participants' Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Return to ETV**  
Mail:  
Attention: ETV  
4415 Piedras Dr. W.  
San Antonio, Texas 78228  
Fax: 210-208-5605