

## Youth in College/Vocational Training Application

### Part I - Completed by Caseworker \*\*\*ALL FIELDS REQUIRED\*\*\*

#### Applicant's Information

Date of Application:		Requested YIC/VT Program Start Date:	
Youth's Name:		DCFS ID#:	DOB:
CURRENT Street Address:			Age:
			Room or Apt#:
City:	State:	Zip Code:	
Telephone: (    )    -	Email:		
Caseworker's Name:	Agency:	Region/Site/Field:	
AGENCY Address:			
City:	State:	Zip Code:	
Telephone: (    )    -	Email:		
Youth's CAMPUS Street Address (If living in dorm/school housing and the address is different from above. If this does not apply answer N/A):			Room or Apt#:
City:	State:	Zip Code:	

#### College/Vocational School Information

<b>Check if applicable:</b> <input type="checkbox"/> Youth completed the FAFSA for the current school year and received a financial aid offer/award letter. <input type="checkbox"/> Youth has successfully completed one semester of post-secondary education; grades are attached <input type="checkbox"/> If eligible, youth has submitted a complete Education and Training Voucher Application packet (CFS 449-3). <input type="checkbox"/> Youth will attend a school that is listed in the U.S. Department of Education Office of Postsecondary Education's Database of Accredited Institutions and Programs which can be accessed at: <a href="https://ope.ed.gov/dapip">https://ope.ed.gov/dapip</a>			
Name of College/University/Vocational School:			
Address:			
City:	State:	Zip:	Telephone: (    )    -

#### Academic History

<b>Check if applicable:</b> <input type="checkbox"/> The youth has a grade point average below 2.0 and will require tutoring; GPA Education Plan (CFS 449-1) is attached and resources are in place to meet youth's needs (tutoring, study groups, counseling). <input type="checkbox"/> The youth had an Individual Education Plan in high school and will require specialized assistance. If so, the caseworker has assured services are in place as available. Worker has advised youth will need to self-identify for services.			
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**Part II – Completed by Applicant**  
**\*\*\*ANSWER AS COMPLETELY AS POSSIBLE\*\*\***

**Career and Academic Information**

What is your career or vocational goal?
What subjects or types of work are you interested in?
What is your major?
If applicable, what type of career and technical education (vocational training) do you plan to take:
What types of jobs have you had?
When do you expect to graduate from college or complete your career and technical (vocational) training?
Have you met with your school academic advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what courses did your advisor recommend that you take? _____
_____
_____
_____

**Budgeting**

How will you pay for your educational and personal expenses? Please enter the <b>Cost of Attendance</b> amounts as quoted on your financial aid offer/award letter in the table below.	
Category	Amount
Tuition:	
Fees:	
Books / Supplies:	
Room / Board or Rent:	
Transportation:	
Other: (meals, clothes, etc.)	
Total:	

**Anticipated Financial Assistance and Income Sources**

Category	Amount
Grants	
<input type="checkbox"/> MAP	
<input type="checkbox"/> PELL	
<input type="checkbox"/> OTHER	
Scholarships:	
Other Awards:	
Student Loans	
<input type="checkbox"/> Subsidized Loans	
<input type="checkbox"/> Unsubsidized Loans	
<input type="checkbox"/> Alternative/Private Loan:	
DCFS ETV:	
Employment Income:	
YIC/VT Monthly Board Payment	\$1235.00
Other Income:	
Total:	

If your projected Cost of Attendance exceeds your Anticipated Financial Assistance and Income Sources, what is your plan to balance your budget? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If something happens to your YIC board payment or you have a financial emergency, what is your back-up plan?**

\_\_\_\_\_  
\_\_\_\_\_

To whom do you owe a debt or debts? What is the repayment plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health and Dental Services**

I know how to how to access the health, dental, pharmacy and emergency care services in the community where I will be attending school.  Yes  No

**Part III – REQUIRED Signatures**

Applicant:	Date:
Caseworker:	Date:
Casework Supervisor:	Date:

**Application Checklist to be Completed by the Caseworker THESE ARE REQUIRED ITEMS AND MUST BE SUBMITTED WITH THE APPLICATION.**

<input type="checkbox"/> All sections of the application have been completed and the application is signed by the youth, caseworker, and casework supervisor.	<input type="checkbox"/> Transcript of the youth’s college or CTE grades is attached. This is required unless this is the youth’s first post-secondary semester.	<input type="checkbox"/> Copy of the youth’s class schedule/registration in List View, Concise View, or Detail View (this cannot be in Weekly View) or signed Enrollment Agreement for CTE Program.
<input type="checkbox"/> Youth’s college/CTE school address given, or fields are marked N/A if not applicable.	<input type="checkbox"/> If student’s last GPA was below a 2.0, a GPA Education Plan (CFS 449-1) is attached.	<input type="checkbox"/> Financial aid award letter from the school and scholarship decision letters is attached.

*Note: A copy of the application should be retained in the youth’s case record, and a copy should be given to the youth for his or her records.*

## Part IV - Service Agreement

### Completed by Applicant

\*\*\*Be sure you have read the complete Service Agreement and understand its content before you sign it.\*\*\*

\*\*\*Refer any questions you have about the agreement to your caseworker\*\*\*

#### YIC/VT PROGRAM SERVICE AGREEMENT

I, \_\_\_\_\_ agree to do the following as part of my participation in the Youth in College/Vocational Training Program and understand that if I do not meet these requirements, I may be removed from the YIC/VT Program.

- I will enroll in and attend a college, university or vocational program and remain a full time student as defined by the program.
- In order to qualify for YIV/VT summer pay status, I will enroll in and attend will remain a full time student as defined by the college, university or vocational program through the summer; OR if I earned a 2.0 GPA for the immediately preceding spring term, I will submit grades and a full time fall schedule by June 1 of the current year; OR I will participate in an approved summer internship program and will submit documentation of participation.
- I will maintain a "C" (2.0) grade point average (GPA) each semester. I understand that if my grades fall below a "C" average I will be required to complete a GPA Education Plan. I understand that I may be discharged from the YIC/VT Program if my GPA remains below a 2.0 for two consecutive grading periods.
- I will send a grade report that includes my name, school name, and term GPA to my assigned YIC/VT Coordinator no later than two weeks after I receive them. I understand that I may be suspended from the program if I fail to do this.
- I will notify my assigned YIC/VT Coordinator if I withdraw from class(es) or change my mailing address, email address, or phone number.
- I will complete and return the YIC/VT Program end of program survey.
- If I am under the age of 21, I will cooperate with my caseworker. Cooperation includes, but is not limited to, participating in the development of a case plan; completing the tasks established in the case plan; adhering to in-person and telephone contacts with my caseworker; completing required health exams; and providing the required health and academic documentation to my caseworker for inclusion with my case plans for Administrative Case Reviews.
- I will complete and submit the FAFSA every year on October 1 or as soon after as possible.
- I understand financial aid monies are for school expenses only and I agree to use them for that purpose. I understand that I may incur debt if I use financial aid for anything other than school expenses. I will complete required paper work in the financial aid and admissions office at the college, university, or vocational program.
- I will sign necessary forms to allow release of information to DCFS YIC Program including, but not limited to, FERPA forms, and Consent for Release of Information forms.

**I will receive the following BENEFITS as a participant in the Youth in College/Vocational Training Program if I fulfill the conditions listed above:**

- A monthly board payment of \$1235.00;
- Reimbursement for required books and supplies, not covered by financial aid grants;
- Up to five years of continuous eligibility, or up to age 26, whichever occurs first, to allow the completion of my original program of study;
- Services and assistance as required from my caseworker and/or Department Post-Secondary Education Specialists;
- If I am parenting (full-time custodial parent) and under the age of 21, I will receive \$234.00 per month, per child, in addition to the \$1235.00 board payment.

**I further understand that:**

- **DCFS will not** pay any debt that I incur while in the YIC/VT Program, including any debt incurred for dropping classes after the deadline established by the school. I am responsible debts including but not limited to payment of any student loans, re-payment of any grant money charged for dropping classes, and for any credit card debt that I incur.
- My Education & Training Voucher (ETV) monies may be used to purchase needed books, if not needed for tuition and fees. I am eligible for up to \$5,000 of ETV monies per State Fiscal Year for eligible school expenses, but I must submit a complete ETV application packet each year and submit required documents each term/semester.
- I am responsible for participating in educational support/tutoring offered by my school in order to maintain a "C" grade point average.
- DCFS will contact the National Student Clearinghouse to verify my school enrollment and by signing this document I authorize this action.
- If I fail to comply with any of the YIC/VT Program requirements, I may be suspended or discharged from the program.
- Any submission of false documentation, grades and/or schedules will result in immediate dismissal from the YIC/VT program. Recoupment of grant funds received under false pretense will be enforced.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_