



**Office of Children's Services  
Independent Living Program**

**Education and Training Voucher Application**

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This program offers students, aging out of the foster care system, up to \$5,000 per academic year to pay for tuition, fees, and books, while enrolled in an accredited school or training program. The funds also may be used to cover a portion of other school-related costs including: rent, childcare, bus passes, parking fees, and other living expenses. Awards are made as funding permits. Completed applications are accepted year-round and should be sent to:

Independent Living Program Coordinator  
Office of Children's Services  
PO Box 110630  
Juneau, AK 99811  
(907) 465-8659  
(907) 465-3656 FAX

If you have any questions regarding your eligibility or need any assistance filling out this application, please contact the Independent Living Program Coordinator.

**Eligibility:**

To be eligible for an education and training voucher, the student must meet one of the following conditions:

- Currently be in Tribal custody and out-of-home placement
- Was in Tribal custody and in an out-of-home placement on or after their 16th birthday.
- Was in Tribal custody and in an out-of-home placement, but after attaining 16 years of age, left foster care for kinship guardianship or adoption.

**Other Eligibility Requirements:**

- Has not yet reached the age of 23. (If over 21 but not yet age 23, can verify you were enrolled in college on your 21<sup>st</sup> birthday).
- Have applied for financial aid through the Free Application for Federal Student Aid (FAFSA).
- Have graduated high school or received a GED certificate; or if the school or training program does not require a high school diploma or GED, the student must meet all the entrance requirements for the program or school.

Students must also submit the following:

**Application Instructions:**

1. Fill out the entire application form
2. Attach copy of your high school diploma or GED completion verification.
3. Attach most recent high school and college transcripts if you have attended college for at least one semester. Remember to request your transcripts from your high school or college in time to be turned in with your application. They are required for a complete application.
4. Attach letters of recommendation from two (2) references. Inform your references that their letters must be to you in time to be turned in with your application – do not send them separate from your application! References are required and must be current within the past two years.
5. Attach a personal essay. Your personal essay should describe your education goals and objectives, and your plans for utilizing your education after you receive your degree. It should be no longer than two (2) pages.

**DO NOT** attach tax information, photos, resumes or other personal information not required for the application. All information must arrive together, please do not send transcripts, letters of recommendation or other information separately.

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**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City                      State    Zip Code

Racial Ethnicity (Optional):

- |  |  |
|--|--|
| <input type="checkbox"/> Alaska Aleut – All                  | <input type="checkbox"/> Alaska Indian - Tsimshian |
| <input type="checkbox"/> Alaska Eskimo – Yupik               | <input type="checkbox"/> Alaska Native - Southeast |
| <input type="checkbox"/> Alaska Eskimo Inupiaq               | <input type="checkbox"/> Alaska Native – Other     |
| <input type="checkbox"/> Alaska Eskimo – Other               | <input type="checkbox"/> American Indian           |
| <input type="checkbox"/> Alaska Indian – Gwich'in Athabascan | <input type="checkbox"/> Asian/Pacific Islander    |
| <input type="checkbox"/> Alaska Indian – Athabascan          | <input type="checkbox"/> Black – Non Hispanic      |
| <input type="checkbox"/> Alaska Indian – Haida               | <input type="checkbox"/> Hispanic                  |
| <input type="checkbox"/> Alaska Indian – Tlingit             | <input type="checkbox"/> White – Non Hispanic      |
| <input type="checkbox"/> Other: _____                        |  |

Did you:     graduate from high school             complete a GED program

Date of high school graduation or GED completion: \_\_\_\_\_

Name and phone number of high school or testing facility: \_\_\_\_\_

Do you have Medicaid or Health Insurance?     Yes     No

**Alternate Contacts:**

A person who will always know how to contact you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

City State Zip

**Future Plans:**

Name of school or training program you plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Program/Major: \_\_\_\_\_ Start Date: \_\_\_\_\_

Program Length (Four years, Two Years, Weeks, etc.): \_\_\_\_\_

How many credit hours will you be taking: \_\_\_\_\_? Expected Graduation Date: \_\_\_\_\_

Housing plans for the academic year: \_\_\_\_\_ On-Campus Dorm \_\_\_\_\_ Off Campus w/  
friends/family \_\_\_\_\_ Off-campus self-supporting

If living off-campus, what is your monthly rent/utilities (approximately) ?

\$ \_\_\_\_\_

Have you completed a Free Application for Federal Student Aid (FAFSA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you contacted your school's Student Support Services Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Financial Plans:**

Part 1: Income Sources:

***What other funds do you anticipate having available to you during the school year?***

**Total amount of anticipated funds available to you for the entire academic school year?**

\$ \_\_\_\_\_

**Financial Plans Continued:**

Part 2: Expenses

*What expenses do you anticipate having while you are attending school/training?*

Description of Expense	Fall	Spring	Summer
Tuition/Fees			
Books & Supplies			
Dorms/Housing (rent)			
Food/Board/Meal Plans			
Gas/Electricity			
Tools/Special Equipment			
Telephone/Cell Phone/ Internet			
Transportation (bus passes, parking fees, etc)			
Child Care			
Other _____			

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**Total amount of anticipated expenses you will have during the entire school year?**

\$\_\_\_\_\_

**Verification:**

I certify that the information I have provided on this entire application is true and correct to the best of my knowledge. I understand that it is my responsibility to make sure that other scholarship funds, grants or loans are paid to the institution of higher learning that I will be attending. I authorize the Office of the Registrar to release my academic information to the Application Review Committee and other third parties for the purpose of application consideration.

\_\_\_\_\_

Applicant's Signature