



IOWA COLLEGE STUDENT AID COMMISSION
Education Training Voucher (ETV) Program

Enrollment Verification
College Name _____

The above-named college or university is scheduled to receive funds from the Iowa College Student Aid Commission for the ETV Grant recipient(s) listed below.

Student Name: _____ **DOB:** _____

By signing below, I certify that:

- The student named above has filed a FAFSA for the current academic year;
- The student named above is eligible to participate in Title IV Federal Financial Aid programs;
- The student listed above is enrolled and has met the satisfactory academic requirements established by the college;
- Financial aid, including the ETV Grant, does not exceed the student's total cost of education;
- Loans are reduced prior to reducing a scholarship awarded under this program;
- ETV funds will be returned to the Iowa College Student Aid Commission in the event the student: does not meet the school's satisfactory academic progress standards, does not enroll or otherwise not eligible for this award. Funds should be returned within 30 days of the college's determination that the student does not meet one of these criteria.

Student's current enrollment in credit hours: _____ Semester/Quarter (circle one)

What is the next term the student is projected to attend? _____

Contact person: _____ Email address: _____

Physical address: _____ Phone number: _____

The ETV maximum award is \$5,000/year for students enrolled full-time; students enrolled less than full-time can receive pro-rated amounts. Additional information about ETV can be found on our website, https://www.iowacollegeaid.gov/sites/default/files/documents/SFAGuide1516_CHAPTER15.pdf.

For questions about this Scholarship, please contact:

Tonia Smith
DHS – Child & Family Services
515-281-8797
tsmith2@dhs.state.ia.us

Please complete and return this form to the Iowa College Student Aid Commission once you can verify student enrollment and please email or mail form directly from the school each enrollment term. **No funds will be released to the college or university until this verification form has been returned each enrollment term.**

Tonia Smith • DHS – Child & Family Services • 1305 East Walnut Street • 5th Floor • Des Moines • IA • 50319-0114

PRINTED NAME TITLE

SIGNATURE DATE

PHONE E-MAIL ADDRESS

If this box is checked, we need you to complete the enclosed W-9 form and Release of Information return it to the Iowa College Student Aid Commission along with the Enrollment Verification form.