

2024-25 Education Training Voucher (ETV) Enrollment Verification

Student Contact Information

Student First Name: _____ Student Last Name: _____

Date of Birth: _____ College Student ID (Optional): _____

By signing below, I certify that:

- The student named above is eligible to participate in Title IV Federal Financial Aid programs;
- The student named above is enrolled and has met the satisfactory academic requirements established by the college;
- Financial aid, including ETV, does not exceed the student's total cost of education;
- Loans are reduced prior to reducing ETV awarded under this program;
- ETV funds must be returned to Iowa Department of Education's Bureau of Iowa College Aid 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 must be returned within 30 days of the college's determination that the student does not meet one of these criteria.

Enrollment Verification

Standard enrollment period for the student (Semester, Quarter, Clock Hour, Other): _____

Current Term of Enrollment (MM/DD/YY): _____ through _____

Current Enrollment in Credit Hours (If clock hour, enter number of hours for current Pell period of enrollment): _____

What are the dates the next term of enrollment this student is projected to attend (MM/DD/YY) (If clock hour, provide how many hours and estimated date until student reached next Pell period of enrollment):
 _____ through _____

The full time ETV award is \$2,500 per semester or the equivalent. The total amount per year will not exceed \$5,000. Students enrolled less than full-time can receive pro-rated amounts. Additional information about ETV is in the following guide, <https://educate.iowa.gov/higher-ed/financial-aid/student-financial-aid-guide>, Chapter 10.

Please complete and return this form to the Iowa College Aid once you can verify student enrollment. The form can be e-mailed to grants@iowacollegeaid.gov.

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|--------------------|----------------|
| PRINTED NAME | TITLE |
| SIGNATURE | DATE |
| PHONE | E-MAIL ADDRESS |
| COLLEGE/UNIVERSITY | CITY, STATE |