

As a participant in this program, you have some responsibilities. Be sure to keep a copy of all forms and information for your own records. **Remember: Participating in one or both of these programs means you understand what you must do and you agree to do it.**

I understand:

- I must have a working email address and check my email at least once a week for emails from NC Reach/ETV. I will reply as required. *If you do NOT receive an email from NC Reach/ETV after completing your online application, your email address is not working. Go to www.ncreach.org or www.statevoucher.org, 1. Click on "Apply Here", 2. Log in, and 3. Fix your email address.*
- I must update my application immediately if ANY of my contact information changes (email, address, telephone, etc) at: <http://www.ncreach.org> or www.statevoucher.org.
- I have printed out, read and understood** the application process and specific program information from: <http://www.ncreach.org> or www.statevoucher.org.
- At the beginning of each semester/quarter/term, I must give my school the Financial Aid Release Form and the Cashier Statement to complete and fax to NC Reach/ETV with a copy of my school bill or account summary.
- It can take up to 14 days to process my forms.
- I must reapply every fiscal year to be eligible for funding that year.
- I must communicate with my NC Reach/ETV coach at least twice a month.
- If I withdraw from any classes or drop out of school, I must notify NC Reach/ETV immediately in order to remain eligible for future funding.
- To receive continued funding from NC Reach/ETV, I will request that my registrar's office mail an OFFICIAL transcript of my grades at the end of every semester/quarter/term** to the address at the bottom of this page.
- If I fall below a 2.0 GPA in any semester/quarter/term, I must participate in the Academic Success Program. If I do not participate in the Academic Success Program, or raise my GPA to above a 2.0 the following semester/quarter/term, I may no longer be eligible to receive NC Reach/ETV funding.
- All ETV funding ceases upon my 23rd birthday, and all NC Reach funding ceases upon my 26th birthday.
- I must complete the Free Application for Federal Student Aid (FAFSA) yearly at www.fafsa.ed.gov.

Student Signature _____

Date _____

Printed Name _____

**Questions? Email: ncreach@orphan.org (NCReach) or nc@statevoucher.org (ETV)
Phone: 1.800.585.6112 (NCReach) or 1.800.585.6118 (ETV)**

I have applied for the NC Reach Program NC/ETV Program for the current academic year. I authorize the Financial Aid Office to release my account information to the program.

Before filling out this form, the student must have applied for Financial Aid and be enrolled.

Student Information:

Academic Year:	09-10	Last Four Digits SS #:	xxx-xx- _____
First Name:	_____		
Student's Signature	_____		
Last Name:	_____		

School Information:

School's Full PAYMENT MAILING Address:			
School Name: _____			
Street: _____	City: _____	State: _____	Zip: _____
Title IV Participating School:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrollment Status (List number of credit/clock hours)
Current Term/Quarter/Semester Only (Please select one)			<input type="checkbox"/> Full Time
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Part Time
<input type="checkbox"/> Summer			

Financial Information:

Tuition (Current Semester Only)	\$ _____
Cost of Attendance <u>LESS Tuition</u> (as defined by the <i>Higher Education Act</i> , which includes: fees, room, board, transportation, supplies etc.) (Current Semester Only)	\$ _____
Does Cost of Attendance include computer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the student live on Campus/Housing/Dorm facilitated by your institution? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pell Grant (current semester only) *If Pell is not available for the student please indicate why. <input type="checkbox"/> EFC is too high <input type="checkbox"/> has not applied <input type="checkbox"/> academic suspension <input type="checkbox"/> ineligible	\$ _____

Other Grants or Scholarships (List individually, current semester only)

1	\$ _____
2	\$ _____
3	\$ _____

Loans

Subsidized Loans	<input type="checkbox"/> Offered	<input type="checkbox"/> Accepted	\$ _____
Unsubsidized Loans	<input type="checkbox"/> Offered	<input type="checkbox"/> Accepted	\$ _____

Work Study

Work Study (ACCEPTED ONLY)	\$ _____
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Preparer's Printed Name: _____

Direct Phone #: _____

Email Address: _____

Preparer's Signature: _____

Date ____/____/____

THIS DOCUMENTATION MUST BE FAXED BY THE FINANCIAL AID OFFICE TO 1.866.283.0223
 Questions? Email: ncreach@orphan.org (NCReach) or nc@statevoucher.org (ETV)
 Phone 1.800.585.6112 (NCReach) or 1.800.585.6118 (ETV)

STUDENT INFORMATION

I have applied for the NC Reach Program NC/ETV Program for the current academic year. I authorize the cashier/bursar office to release my account information to the program.

ACADEMIC YEAR: 09-10

FIRST: _____ LAST: _____

LAST FOUR DIGITS OF SS#: XXX-XX- _____ PHONE: _____

SIGNATURE: _____ DATE: _____

CASHIER / BURSAR OFFICE

A **DATED COPY OF THE STUDENT'S ITEMIZED BILL**, listing all the charges, credits and payments for the current semester **MUST** be submitted with this completed form.

By checking this box I certify I am authorized as an employee of cashier/bursar office to complete this form and send the student's bill.

SCHOOL NAME: _____

PREPARER: _____ PHONE: _____
PRINT HERE

SIGNATURE: _____ DATE: _____

FAX: _____ EMAIL: _____

DUE DATE: _____

NEXT DROP DATE: _____

PLEASE INDICATE TERM / SEMESTER / QUARTER

FALL WINTER
 SPRING SUMMER

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Phone 1.800.585.6112 (NCReach) or 1.800.585.6118 (ETV)