

**LOUISIANA STUDENT FINANCIAL ASSISTANCE
COMMISSION
OFFICE OF STUDENT FINANCIAL ASSISTANCE**

Student Financial Aid Bulletin

SFA No:	S2010-09
DATE ISSUED:	Dec. 20, 2010
EFFECTIVE DATE:	Immediately
DISTRIBUTION:	High School Counselors, College and University Financial Aid Offices and Registrars, LAICU Financial Aid Offices and Registrars, Technical School Deans and Technical School Personnel
TOPICS:	Chafee Educational and Training Voucher (ETV) Program

This bulletin outlines payment request procedures for the Chafee Educational and Training Voucher Program. For program details, please review Student Financial Aid Bulletin S2010-06, dated August 12, 2010 located on LOSFA's website at www.osfa.la.gov. Complete program rules can be accessed at http://www.osfa.state.la.us/MainSitePDFs/policy4_SG10121E.pdf.

Institutions should submit billing requests by completing the attached form and faxing it to LOSFA Special Programs at 225-612-6508. Billing requests will be verified and approved by the Department of Children & Family Services. Following approval, LOSFA will request funds and forward them to the institution on behalf of the recipient. We anticipate complete automation of the process in the near future and will notify you once that portion of the system is available.

Questions regarding the Chafee ETV Program should be directed to Bonnie Lavergne, 225-219-7714, blavergne@osfa.la.gov or Caleshia Clark, 225-219-7708, cclark@osfa.la.gov.

CHAFEE EDUCATIONAL AND TRAINING VOUCHER (ETV) PROGRAM

INSTRUCTIONS FOR COMPLETING PAYMENT REQUEST FORM

Complete the Chafee Educational and Training Voucher (ETV) Program Payment Request Form for those students you have deemed eligible. Provide ALL requested information. If an incomplete payment request is received, you will be contacted for additional information which will delay the payment process. Submit the completed Payment Request to the Louisiana Office of Student Financial Assistance (LOSFA).

1. **COLLEGE NAME** – Name of your institution
2. **COLLEGE CODE** – Institution's federal school code (six digits)
3. **SEMESTER/TERM** – Academic year semester or term for which you are billing (i.e., Fall 2010; Winter 2010; Spring 2011)
4. **SSN** – Social Security Number of student
5. **FIRST NAME** – Student's first name
6. **LAST NAME** – Student's last name
7. **DATE OF BIRTH** – Student's date of birth entered as month, day, year
8. **STREET ADDRESS** – Student's home street address
9. **CITY, STATE, ZIP** – Student's home city, state, zip code
10. **STUDENT PHONE NUMBER** – Student's phone number
11. **FOSTER CARE STATE** – State in which student was in the foster care system
12. **SATISFACTORY ACADEMIC PROGRESS** – Is student making satisfactory academic progress, indicate yes or no
13. **PAYMENT REQUEST AMOUNT** – Amount of Chafee ETV requested
14. **SCHOOL OFFICIAL** – Name of school personnel submitting payment request
15. **PHONE NUMBER** – Contact number of school personnel submitting payment request

Upon receipt of a completed payment request, LOSFA will review and verify that a current academic year FAFSA is on file. The payment request will be forwarded to Department of Children and Family Services for verification and approval. Following approval, LOSFA will request funds and forward to the institution on behalf of the recipient.

Questions regarding the Chafee ETV Program should be directed to Caleshia Clark at cclark@osfa.la.gov or 225-219-7708.

**CHAFEE EDUCATIONAL AND TRAINING
VOUCHER (ETV) PROGRAM
PAYMENT REQUEST FORM**

**Mail to: LOSFA, ATTN: SGSP, P.O. Box 91202, Baton Rouge, LA 70821
or Fax to: Special Programs at 225-612-6508**

COLLEGE NAME		
COLLEGE CODE		
SEMESTER/TERM		
SSN		
FIRST NAME		
LAST NAME		
DATE OF BIRTH (MM/DD/CCYY)		
STREET ADDRESS		
CITY, STATE, ZIP		
STUDENT PHONE NUMBER		
FOSTER CARE STATE		
SATISFACTORY ACADEMIC PROGRESS		
PAYMENT REQUEST AMOUNT		

SCHOOL OFFICIAL:	PHONE NUMBER:

FOR LOSFA USE ONLY

PAYMENT REQUEST RECEIVED DATE:	
CURRENT ACADEMIC YEAR FAFSA: YES or NO	
DATE SENT TO DCFS FOR REVIEW:	

FOR DCFS USE ONLY

APPROVED	
DISAPPROVED	
DCFS OFFICIAL'S NAME (Print):	
DCFS OFFICIAL'S SIGNATURE (Required):	
DATE:	