



Cashier/Bursar Statement



Student Information

I _____ (print full name) have applied for state funding toward my school costs. In order to receive this funding, the Indiana Education and Training Voucher (ETV) Program staff at Foster Success may need access to my enrollment status, grade history, billing, and financial aid information. If requested, I authorize you to send a copy of my class schedule, academic transcript, and financial aid/billing information to the Indiana ETV Program via US mail, telephone, or fax for the **current academic year** _____ (indicate semester/term and year)

Full Name: _____ Student ID: _____

Signature/Date: _____/_____

Date submitted completed FAFSA: _____



Cashier/Bursar Office (this section must be completed by school official)

***Please include a **dated copy of the student's itemized bill**, listing all charges, credits, and payments for the current semester with the submission of this completed form.

Please indicate Semester/Quarter/Term: Fall Spring Winter Summer

School Name: _____

Full Payment Mailing Address: _____

Preparer's Name (please print): _____

Preparer's Signature: _____ Date: _____

Phone Number/Email: _____

Actual Current Balance Due: \$ _____ No balance due

Is this a finalized bill? Yes No Anticipated Refund Amount: \$ _____

Tuition/Bill Due Date: _____ Withdrawal/Drop Deadline: _____

By checking this box, I certify I am authorized as an employee of the Cashier/Bursar Office to complete this form and send the student's bill.

THIS DOCUMENT MUST BE FAXED/SCANNED BY THE FINANCIAL AID OFFICE TO THE INDIANA ETV PROGRAM AT 317.917.8943 OR 1.855.577.2ETV OR ETV@INDIANAETV.ORG

Please email questions to ETV@indianaevt.org or call 317.917.8940

The Indiana ETV Program is administered by Foster Success, Indianapolis, IN