# Request For Carl Perkins Grant—FY18

**Please check each semester that assistance is requested:**

☐ Fall 2017 ☐ Spring 2018 ☐ Summer 2018 Date of Inquiry:_____

**Name**:_____ **LLC ID#**:_____

**Address**:_____

Street City State Zip

**Phone**:_____ **Category**: ☐ Economically Disadvantaged (Pell Grant)

☐ Single Parent

**Email**:_____ ☐ Displaced Homemaker

☐ Disability _____

**Major**:_____ ☐ Nontraditional Gender in program

**Sources of financial support received. Please check all that are received:** ☐ Limited English Proficiency

☐ Pell Grant ☐ Veteran's ☐ WIOA ☐ Other:_____

**Assistance Requested:** ☐ Supplies ☐ Uniforms ☐ Tool Loan ☐ Other

**How did you learn about the Perkins Program?**_____

**Please leave a copy of the following documentation needed to complete your request**:

☐ Book List ☐ Driver's License ☐ Student ID ☐ Syllabus/Program Document listing required supplies/equipment

☐ Current Class Schedule ☐ Proof of Pell Grant ☐ Student Contract

☐ Other required documents based on Category above (if not economically disadvantaged)

## I, the undersigned, declare all information I am providing to be true and correct.

**Participant Signature**:_____ **Date**:_____

**Do Not Write Below These Lines**

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**ASSISTANCE APPROVED:** ☐ Supplies ☐ Uniforms ☐ Tool Loan ☐ Other

Supplies/Uniforms/Fees: _____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____ FY Total:_____

Comments: