**Perkins Special Population Support**

**Student Application**

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| ***Student Information*** | **Semester:** Click or tap here to enter text. |
| **Name:** Click here to enter text. | **Student ID#:**Click here to enter text. |
| **Program of Study/Major:** Click here to enter text. | **Division**: Choose an item. |
| **Street Address:** STREET ADDRESS | |
| **City:** Click here to enter text. | |
| **State:** STATE | **Zip Code:** Click here to enter text. |
| **Email: Click here to enter text.** | **Phone:** Click here to enter text. |

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| ***To be eligible for Perkins Support, you must meet one of the following criteria and provide verifying documentation (examples of acceptable documentation required for verification):*** | |
| Economically Disadvantaged | *Ex. Proof of Pell Grant Eligibility* |
| Single Parent | *Ex. State Medical Card* |
| Out of Workforce | *Ex. Written Statement* |
| Nontraditional Gender in a Program | *Ex. State ID/Driver’s License & Class Schedule* |
| English Learner | *Ex. Verification from International Studies Program* |
| Homeless or facing imminent Homelessness | *Ex. Written Statement* |
| Are in, or have aged out of, the foster care system | *Ex. Court Documents* |
| Have active military parent | *Ex. Military Dependent ID Card* |
| Disability | *Ex. Verification from the Office of Student Accommodations* |

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| ***Documentation required to complete your request:*** | |
| State ID/Driver’s License | Current Book List |
| LLC Student ID | Syllabus/Program Document listing required supplies |
| Current Class Schedule | Special Populations category verification (See Above) |
| Perkins Student Loan Contract |  |

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| ***How did you hear about the Perkins Program?*** | |
| Orientation | Return Participant |
| Instructor: Click here to enter text. | Student Referral: Click here to enter text. |
| Counselor: | Staff Referral: Click here to enter text. |
| Other Program Referrals (CEFS, TRiO, LEAP, etc.) | Marketing Campaigns (Email, Facebook, text message, etc.) |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ***Assistance Requested*** | | | | | | | Supplies | Chromebook | Uniform | Tool Loan | Textbooks |   ***Provide a detailed description of your situation, particularly what obstacles you are facing that may prevent you from successful completion of a certificate or degree.***  ***Use additional paper if necessary.*** |
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***I, the undersigned, declare all information I am providing to be true and correct. By signing below I consent to the sharing of my case details with other student support agencies who are working together to provide services to Lake Land College students, including but not limited to TRiO, CEFS (WIOA), Adult Education, Advising, LEAP, Financial Aid, etc.***

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| Click here to enter text. | Click here to enter text. | |
| *Requestor Signature* | | *Date* |
|  | | |
| Click here to enter text. | Click here to enter text. | |
| *Perkins Representative Signature* | | *Date* |

***Please submit completed forms to and required documents to the Perkins Specialist at*** [***perkins@lakelandcollege.edu***](mailto:perkins@lakelandcollege.edu,)

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*For Perkins Staff:*

|  |  |
| --- | --- |
| **Case Management Notes:** | |
| **CONTACT** | **DATE** |
|  |  |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Approved Comments:** Click here to enter text.

**Denied Comments** Click here to enter text.

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| All documents gathered and verified | |
| Student file created | |
| Entered on Student Request Spreadsheet | |
| Receipts received and reconciled (Copy for file, budget book, accounting) | |
| Midterm check for drops | |
| End of Semester academic check | |
| Survey | |