

LAKE LAND COLLEGE

LGBTQIA+ RESERVE FUND INFORMATION AND APPLICATION

The primary purpose of this fund is to be able to provide immediate assistance to LGBTQIA+ students at Lake Land College who find themselves in an unsafe situation. Funds will also be used to help transgender students at Lake Land College with legal name changes to help protect their identity.

Requests that are urgent in nature will be prioritized. These funds are not intended to be used for routine expenses or as a consistent supplement to a student's education funding sources.

Be aware, if your request is approved, funds are disbursed from the fund to the provider, not directly to the student. A maximum award of \$500 may be given per approved applicant in that semester. Additional funds may also be available through the Lake Land College Emergency fund if a student's situation qualifies. Funding is only available during the semester the student is enrolled, and the student may only apply ONCE per semester.

To be eligible for consideration for LGBTQIA+ Reserve Funds:

1. The student must be a member of the LGBTQIA+ community.
2. The student must be registered for at least 6 credit hours at Lake Land College in the semester when the funds would be applied.
3. The student must have a referral from a staff or faculty member of Lake Land College.
4. The student must complete the attached application for funding.
(If your initial application is approved, you will then meet with a member of the reserve fund committee who will help you further.)

For more information regarding the LGBTQIA+ Reserve Fund, contact:

Kim Hunter at: khunter@lakelandcollege.edu or Marcy Satterwhite at: msatterw@lakelandcollege.edu

LGBTQIA+ Reserve Fund Application – Complete all Parts

| | |
|--|--|
| Your First and Last Name | |
| Student ID Number | |
| Birthdate | |
| Phone Number | |
| Address | |
| Email | |
| What do you need funds for? Briefly list specific items you need funds for. | |
| How does your status being LGBTQIA+ affect your need for these funds compared to other funding sources? | |

Referring Faculty or Staff Member Recommendation:

| | |
|---|--|
| Referring Faculty or Staff Member's name | |
| Reasons why you support the need for this request: | |

Student Signature: _____

Date: _____

I understand that funds will not be paid to me, but will be paid directly to the merchant if approved.
 I understand that funds may not be available.