

Request for Perkins: Educational Materials & Supplies –

<i>Student Information</i>		Semester:
Name:		Student ID#:
Program of Study/Major:		Division:
Street Address:		
City:		
State:		Zip Code:
Email:		Phone:
<i>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):</i> ***NOTE: Documentation may be submitted as photos or scans of the appropriate item(s) below***		
<input type="checkbox"/> Economically Disadvantaged	<i>Ex. Proof of Pell Grant Eligibility</i>	
<input type="checkbox"/> Single Parent	<i>Ex. State Medical Card</i>	
<input type="checkbox"/> Out of Workforce	<i>Ex. Written Statement</i>	
<input type="checkbox"/> Nontraditional Gender in a Program	<i>Ex. State ID/Driver's License & Class Schedule</i>	
<input type="checkbox"/> English Learner	<i>Ex. Verification from International Studies Program</i>	
<input type="checkbox"/> Homeless or facing imminent Homelessness	<i>Ex. Written Statement</i>	
<input type="checkbox"/> Are in, or have aged out of, the foster care system	<i>Ex. Court Documents</i>	
<input type="checkbox"/> Have active military parent	<i>Ex. Military Dependent ID Card</i>	
<input type="checkbox"/> Disability	<i>Ex. Verification from the Office of Student Accommodations</i>	
<i>Documentation required to complete your request:</i>		
<input type="checkbox"/> State ID/Driver's License	<input type="checkbox"/> Current Book List	
<input type="checkbox"/> LLC Student ID	<input type="checkbox"/> Syllabus/Program Document listing required supplies	
<input type="checkbox"/> Current Class Schedule	<input type="checkbox"/> Special Populations category verification (See Above)	
<input type="checkbox"/> <u>Perkins Student Loan Contract</u>		
<i>How did you hear about the Perkins Program?</i>		
<input type="checkbox"/> Orientation	<input type="checkbox"/> Return Participant	
<input type="checkbox"/> Instructor:	<input type="checkbox"/> Student Referral:	
<input type="checkbox"/> Counselor:	<input type="checkbox"/> Staff Referral:	
<input type="checkbox"/> Other Program Referrals (CEFS, TRiO, LEAP, etc.)	<input type="checkbox"/> Marketing Campaigns (Email, Facebook, text message, etc.)	

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.

Assistance Requested

☐ Supplies

☐ Uniforms

☐ Tool Loan

☐ Other:

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.

<i>Requestor Signature</i>	<i>Date</i>
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<i>Perkins Representative Signature</i>	<i>Date</i>
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Please submit completed forms to and required documents to the Perkins Specialist at perkins@lakelandcollege.edu

