



## Tools/Supplies Assistance Application Instructions

Your Completed Tools/Supplies application should include:

- \_\_\_ GAP application
- \_\_\_ School Schedule
- \_\_\_ Receipts for tools/supplies purchased

Tools/Supplies must be a requirement of your program.

Reimbursement of up to \$250.

Incomplete applications will not be accepted. Please answer all questions.

Completed applications can be submitted through e-mail in PDF form or submitted in person to Abbie Skinner. Photos of the application are not accepted.

Notification of Acceptance or Denial for Transportation Assistance will be sent via E-mail to your student e-mail no later than the 15<sup>th</sup> class day.

*Abbie Skinner*

Lamar State College- Orange  
Special Populations Advisor

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Phone: 409-882-3393

Ron E. Lewis Library Room 116



# Gator Assistance Program Application

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ R800 \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Semester in which you are applying for assistance for: \_\_\_\_\_

Major: \_\_\_\_\_

I am enrolled in \_\_\_\_\_ credit hours for the semester. My Institutional GPA is: \_\_\_\_\_

I was previously a recipient of the Gator Assistance Program. \_\_\_\_\_ Yes \_\_\_\_\_ No

I am currently receiving Daycare Assistance from \_\_\_\_\_

I am receiving, or will be receiving, the following financial Aid (Select all that apply):

\_\_\_\_ VA benefit    \_\_\_\_ PELL Grant    \_\_\_\_ TEC/TRA    \_\_\_\_ CCMC    \_\_\_\_ SEOG    \_\_\_\_ Texas Rehab    \_\_\_\_ TPEG  
\_\_\_\_ Other                      \_\_\_\_ No Financial Aid Received

My current circumstances are as such (select all that apply):

- Individual with a disability
- Individual from an economically disadvantaged family
- Individual preparing for a non-traditional field (female welding major, male nursing major, etc.)
- Single parent or single pregnant woman
- Out-of-workforce Individual
- Individual receiving and/or needing housing assistance
- Individual who is in, or has aged out of, the Texas foster Care system
- Individual with a parent who is a member of the armed forces and is on active duty
- Individual with other barriers to educational achievement, including limited English Proficiency

If none of the above apply, please explain your financial need: \_\_\_\_\_

**PLEASE CHECK THE SERVICES YOU ARE APPLYING FOR:**

\_\_\_\_ Day Care Assistance. Name and age of children: \_\_\_\_\_

\_\_\_\_ Transportation Assistance. Clinical Site location: \_\_\_\_\_

\_\_\_\_ Tools and Supply Assistance. Tools needed: \_\_\_\_\_

My financial aid status/details may be accessed to determine eligibility for the Gator Assistance Program. \_\_\_\_\_

By signing below, I certify all information and answers provided in this form are complete, true, and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_