



Gator Assistance Program

Application

Lamar State College Orange awards Grant Funding to students who show financial need and an ability to benefit from post secondary education.

YOU MUST BE ELIGIBLE FOR PELL TO QUALIFY FOR GATOR ASSISTANCE PROGRAM.

Name: _____ R8#: _____

LSCO Student E-Mail: _____ Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Semester in which you are applying for assistance for: _____

Major: _____ Institutional GPA: _____

**Health, Workforce and Technical majors are funded through the Carl D. Perkins Grant.
Academic majors are funded through the SSAP 2.0 Grant**

Select one or more special circumstances that apply to you:

- 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

PLEASE CHECK THE SERVICES YOU ARE APPLYING FOR:

_____ Day Care Reimbursement

_____ Transportation Reimbursement

_____ Tools/Uniform Reimbursement (As listed in syllabus)

***You must apply every semester for continued services.**

Student Signature: _____

Date: _____



Transportation Guidelines

Student Name: _____ R8# _____

Home Address: _____

Clinical site: _____

From home to the Clinical site assigned and back is _____ miles roundtrip.

From home address to LSCO campus and back is _____ miles roundtrip.

I understand:

- Gator Assistance Programs are awarded on a first come first serve basis. Awards are dependent upon the availability of funds. Students must reapply each semester for assistance.
- The address on my Gator Assistance Program application must match the address on file with LSCO.
- The mileage from home to LSCO or home to clinicals is used to determine the reimbursement allotment for the semester.
- Transportation Reimbursements are direct deposited to the student after the Transportation log has been submitted for each month.
- Transportation logs must be submitted by the due date. Due dates are provided upon approval for the Gator Assistance Program. Failure to turn in Transportation log will forfeit payment for that month. If two months have been forfeited, Student will not be eligible for GAP in the following semester.
- The student is responsible for paying for their transportation to get to/from clinicals. GAP is a reimbursement.
- The amount of transportation assistance to be provided is as follows:
 - 20-40 miles daily = \$250 for the Fall/Spring Semester
 - 41-60 miles daily = \$300 for the Fall/Spring semester
 - 61-70 miles daily = \$350 for the Fall/Spring semester
 - 71 miles or greater daily = \$400 for the Fall/Spring semester
- All correspondence for the Gator Assistance Program is sent to student's LSCO email.

Student Signature: _____ Date: _____

By signing above, I acknowledge that I have read and completely understand the Gator Assistance Program guidelines.



Lamar State College Orange

Trip Release & Indemnity Agreement

Student Name: _____

School Organization(s): Gator Assistance Program- Transportation

Academic Year: _____

I plan to engage in college-sanctioned travel activities during the academic year indicated above in association with the above listed organization(s). I am traveling entirely upon my own initiative, risk, and responsibility.

In consideration for permission given to me by Lamar State College-Orange to take this trip and in further consideration for Lamar State College Orange and the organization named above facilitating this trip, I (for myself, my heirs, executors, and administrators) release, discharge, and agree to indemnify Lamar State College Orange, the organization's advisors, and all of the college's agents and employees who have facilitated this trip, acting officially or otherwise, from any claims on account of any injury to me or for damages to my property that occur from any cause in connection with this trip. I intend that the indemnity provided for in this agreement is indemnity by me above to indemnify Lamar State College Orange and its agents and employees from the consequences of their negligence, whether that negligence is the sole or concurring cause of the death, injury, or damage.

Dated this _____ day of _____, 20__.

Student Signature

Parent/Guardian's Signature (If under 18)



Gator Assistance Program
Emergency Contact Information

Name: _____

R8 _____

Emergency Contact: _____

Relationship to emergency contact: _____

Emergency Contact Phone #: _____

Doctor's Name: _____

Doctor's Phone #: _____

Health Insurance Company: _____

Policy #: _____