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 15th class day.

Abbie Skinner
Lamar State College-Orange
Special Populations Advisor
Abbie.Skinner@LSCO.edu
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: ___________________________