Transportation Assistance
Application Instructions

Your Completed Transportation packet should include 6 pages:

___ GAP application
___ GAP Transportation Guidelines
___ LSCO Trip Release & Indemnity Agreement
___ GAP Emergency Contact Information
___ School Schedule
___ Copy of driver's license

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

Completed applications can be submitted via email in PDF format or submitted in person to Abbie Skinner in the advising office. 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
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):

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

Initial

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: ________________
Gator Assistance Program
Transportation Guidelines

Name: __________________________ R800 ______________________

Home Address: ________________________________________________________

Clinical Site: __________________________________________________________

From my home to the Clinical site assigned and back is_____ miles roundtrip.

From my home address to LSCO campus and back is_____ miles roundtrip.

I understand:

- The GAP gas card is to be used for travel to and from school/clinical.
- I will receive one gas card per month.
- Lost/stolen gas cards will not be re-issued.
- The address on my Driver’s license must match the address on the GAP application.
- The mileage traveled from home to school and/or clinical (whichever is greater) is used to determine the monthly amount of my gas card.
- I will notify Abbie Skinner if I drop/withdraw from courses immediately.
- I will need to submit a new application for GAP each semester.
- Transportation assistance is not guaranteed, it is based on the availability of funds.
- All correspondence regarding GAP are sent to your LSCO student e-mail.

I understand that Gator Assistance Program may be discontinued if:

- I am not enrolled in a minimum of 6 credit hours for the semester
- My GPA falls below 2.0
- I fail to adhere to the guidelines of the Gator Assistance Program
- I falsify any information regarding my application.
- The address on my GAP application is not my primary residence.
- I receive travel reimbursements from any other federal agency or community resource; and doing so will jeopardize my GAP eligibility for future semesters.

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: ____________________________  R800 _______________________

Emergency Contact: ____________________________________________

Relationship to emergency contact: _______________________________

Emergency Contact Phone #: _____________________________________

Doctor’s Name: _________________________________________________

Doctor’s Phone #: _____________________________________________

Health Insurance Company: ______________________________________

Policy #: ______________________________________________________