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
___ Transportation Schedule
___ Fall School Schedule

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

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

No applications will be accepted after 5 P.M. on the first-class day (August 22\textsuperscript{nd}).

Notification of Acceptance or Denial for Transportation Assistance will be sent via E-mail to your student e-mail no later than the 15\textsuperscript{th} class day (September 9\textsuperscript{th}).

\textbf{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):

○ 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: ____________________________
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:

- I must submit a calendar showing anticipated dates and locations traveled to for the semester with this application.
- The address on my Gator Assistance Program application is used to calculate mileage.
- Any requested travel reimbursement will be supported with a MapQuest print out.
- I will record the exact mileage as stated on this signed contract.
- I am responsible for submitting my travel log by the last business day of the month.
- Failure to submit travel log by the last business day of the month will forfeit payment until the next month.
- Reimbursement rate is $0.10 per mile.
- My reimbursement funds can be direct deposited or issued by paper check.

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 and/or monthly travel log.
- 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.
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 #: _______________________________________________________
# Transportation Schedule

Please write your travel destination for each day. (Clinical or LSCO)

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