



## 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 15<sup>th</sup> 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):

- 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. \_\_\_\_\_  
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 #:** \_\_\_\_\_