Lamar State College Orange awards Perkins Grants to students in special circumstances to help them pay for costs associated with career and technical education programs.

Name: _______________________________ R800 #: ____________________________

LSCO Student E-Mail: ___________________________ Phone #: _______________________

Home Address: ___________________________ City: ______________ State: _____ Zip: ____

Semester in which you are applying for assistance for: ________________________________

Major: ___________________________ Institutional GPA: ______

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

_____ Laptop checkout from library

_____ Stenograph checkout from library

*You must apply every semester for continued services.*

Student Signature: ___________________________ Date: ___________________________
Transportation Guidelines

Student Name: ____________________________  R800 # ___________

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: ___________________________   R800 _______________________

Emergency Contact: ____________________________________________

Relationship to emergency contact: ______________________________

Emergency Contact Phone #: ____________________________________

Doctor’s Name: ________________________________________________

Doctor’s Phone #: _____________________________________________

Health Insurance Company: ______________________________________

Policy #: ______________________________________________________