# LCCCG (Underserved Student Transportation Grant) Application

**TO BE COMPLETED BY STUDENT**

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Today’sDate: |  |
|  | Last | First | M.I. |  | MM/DD/YYYY |
| Student ID #: |  |  |  |  |  |

|  |  |
| --- | --- |
| Is there an immediate, unforeseen financial hardship? | Yes No |
| Please describe: |  |
|  | |

Please describe the need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial/repayment.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |

**TO BE COMPLETED BY STAFF**

**Eligibility Questions:**

|  |  |
| --- | --- |
| Is student currently enrolled in an NC community college postsecondary diploma/certification program? | Yes No |

|  |  |
| --- | --- |
| Does enrolled student have a minimum 2.0 cumulative GPA? | Yes No |

|  |  |
| --- | --- |
| Describe assistance type and amount(s) needed: **TOTAL** | $ |
|  | |