



COLLEGE SUCCESS PROGRAM GRANT APPLICATION

Last Dollar Grant

Name:	Address:	Home Phone:
Date of Birth:	ZIP:	Cell Phone:
E-Mail:	EFC:	
College Attending:	Major:	

Specific Items needed:

Item	Vendor	Cost

Why are you requesting this assistance? Please be as specific as possible.

Shipping address for these items (if applicable):

I, _____ agree to use any awarded grant money on the items/costs specified on this application, to attend all classes, do all my assignments, and report mid-term and final grades to my Success counselor. I will keep my counselor informed of my academic progress throughout the school year.

Notes:

- This grant may cover basic needs items like food, medicine, and eyeglasses.
- *You may be asked for the first two pages of your SAR or FAFSA form, showing your EFC.*

Signature: _____

Date: _____

For office use only:

Charge to: HESC ADMIN

Approved by counselor:

Date:

Final amount of purchase:

Counselor notes: