

OPTIONS CENTER

COLLEGE ACCESS CENTER

COLLEGE SUCCESS PROGRAM GRANT APPLICATION

Textbook/Class Supplies Grant

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

Title of the related course:

Specific Item(s) needed:

Item	ISBN (for books)	Cost		

Shipping address for these items:

Payment Deadline (if applicable):

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

You must show your Success counselor:

- **D** *Proof of registration in the course*
- A copy of the class requirements or syllabus listing these books/supplies
- **D** An updated copy of your Financial Aid award letter
- **u** You may be asked for the first two pages of your SAR or FAFSA form, showing your EFC.

ture: Date:			
For office use only:	Charge to:	HESC	ADMIN
Approved by counselor:	Date:		
Counselor notes:			