|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | Semester: | | | |
| JALC Student ID Number: | | | |
| Address: P.O. Box/House Number/Street City State Zip County | | | | | |
| Phone: | | Alternate Phone: | | | |
| JALC E-Mail Address: | | | | | |
| Personal E-Mail Address: | | | | | |
| Birth Date: | Sex: | | | High School: | |
| Program of Study/Major: | | | | Are you a U.S. Citizen? | Are you a Veteran? |
| |  | | --- | | Are you currently receiving a Pell Grant or public assistance? |   Ethnic Classification (for statistical purposes only): | | | | | |
| **To be eligible for Perkins support, you must meet one of the following criteria, and be able to provide verifying documentation. Please check all that apply:** | | | | | |
| ☐ Disability (ex.: Accommodations from Student Success Center) | | | ☐ English language learner (ex.: International Student information) | | |
| ☐ Economically disadvantaged family, including  low-income youth and adults (ex.: Pell Grant; Financial Aid eligibility) | | ☐ Youth that is in, or have aged out of, the foster  care system (ex.: court documentation) | | | |
| ☐ Preparing for a non-traditional field (ex.: Class Schedule/women in welding; men in nursing) | | ☐ Homeless (ex.: written statement) | | | |
| ☐ Single parent, including single pregnant  women | | ☐ Youth with a parent on active duty in the  armed forces (ex.: Military ID card) | | | |
| ☐ Out of the workforce (ex.: Written Statement) | | | | | |
| **How did you hear about the Perkins program?** | | | | | |
| ☐ Orientation | | ☐ Advisor/Counselor | | | |
| ☐ Return participant | | ☐ Staff referral | | | |
| ☐ Instructor | | ☐ Program referral | | | |
| ☐ Student referral | | ☐ Marketing materials | | | |
| ☐ Other (ex.: Webpage) | | | | | |
| **Assistance you are requesting:** | | | | | |
| ☐ Books | | ☐ Uniforms | | | |
| ☐ Tool kit | | ☐ Equipment | | | |
| ☐ Other (ex: Laptop) | | | | | |

In the space below, please provide a description of your situation. Include what obstacles you have that could prevent you from successfully completing a certificate or degree program.

POLICY AND RELEASE OF INFORMATION FOR THE SPECIAL NEEDS OFFICE:

The information on this form is confidential and will help determine eligibility for the Perkins Grant.

Perkins loans are limited each year based on eligibility.

Students must file a 2023-2024 FAFSA ([www.FAFSA.ed.gov](http://www.FAFSA.ed.gov)). First-time Perkins grant recipients must meet with the Accessibility & Resource/Perkins Grant Coordinator at the beginning of each semester. The Office of Financial Aid and the Accessibility & Resource Office will determine eligibility based upon the FAFSA.

I declare that the information given here is true and correct to the best of my knowledge. I authorize the Accessibility & Resource Office access to my student records, including academic records and financial awards and any other information pertaining to my enrollment at John A. Logan College. I understand that Perkins has limited funding and completion of this application does not guarantee that I will be awarded funding through the Perkins Grant.

By signing this below, I declare all information I am providing to be true and correct. I consent to the sharing of my case details with Student Success Center and support agencies that are working together to provide services to John A. Logan College students, including but not limited to TRIO, WIOA/Man-Tra-Con, Advising, Counseling, Disability Services, Financial Aid, etc.

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Student Signature Date

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Perkins Office Staff Signature Date

\_\_

Associate Dean of Career & Technical Education Date

**FOR OFFICE USE ONLY**

|  |
| --- |
| ☐ Approved |
| ☐ Denied |
| Comments: |

|  |
| --- |
| Assistance provided: |
| Comments: |