

Contact Information			
Last Name	First Name	Middle Initial	Student ID (if known)
Home Address	City	State	Zip
Country	Home Phone	Cell Phone	Gender <input type="radio"/> Male <input type="radio"/> Female
Email Address		Date of Birth	Social Security Number
Demographic and High School Information			
<i>This information is required and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only.</i>	Check all that apply <input type="radio"/> Asian/Asian American <input type="radio"/> Black/African American <input type="radio"/> Caucasian <input type="radio"/> Indo-Chinese <input type="radio"/> Latino/a <input type="radio"/> Native American <input type="radio"/> Pacific Islander <input type="radio"/> Other	Marital Status <input type="radio"/> Single <input type="radio"/> Divorce <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Widowed	High School Attended <input type="radio"/> Goose Creek Memorial High School <input type="radio"/> Peter E. Hyland Center <input type="radio"/> Robert E. Lee High School <input type="radio"/> Ross S. Sterling High School <input type="radio"/> Anahuac High School <input type="radio"/> Barbers Hill High School <input type="radio"/> Crosby High School <input type="radio"/> Dayton High School <input type="radio"/> East Chambers High School <input type="radio"/> Hardin High School <input type="radio"/> Hargrave High School <input type="radio"/> Hull-Daisetta High School <input type="radio"/> Liberty High School <input type="radio"/> Baytown Christian Academy <input type="radio"/> Other (<i>see below</i>)
	High School Graduation Date (or GED certificate): -----/-----/----- month day year		If you answered Other to the High School Attended question, what is the name and location (City and State) of your high school?
Do you have any postsecondary education (after high school) or training? <input type="radio"/> Yes <input type="radio"/> No If yes, list organization and types of training below			
	School	Dates	Certificate/Degree/Area of Study
1.			
2.			
3.			
Program Enrollment Information			
Please select the type of program you are enrolling in:			
INDUSTRIAL CRAFT TRAINING <input type="radio"/> AWS Welding <input type="radio"/> NCCER ARC Flash <input type="radio"/> NCCER Crew Leadership <input type="radio"/> NCCER Electrical <input type="radio"/> NCCER HVAC <input type="radio"/> NCCER Pipefitting <input type="radio"/> NCCER Project Supervision	HEALTHCARE TRAINING <input type="radio"/> Certified Nurse Aide (CNA) <input type="radio"/> Clinical Medical Assistant (CMA) <input type="radio"/> Dental Assisting <input type="radio"/> EKG Technician <input type="radio"/> Phlebotomy Technician <input type="radio"/> Emergency Medical Technician (EMT)	OTHER Please list	
What is your PRIMARY reason for enrolling in this training?			

Financial Information		
<p>Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently working in Oil and Gas industry. <input type="checkbox"/> Laid off within last 3 months. <input type="checkbox"/> Never worked in Oil and Gas industry. <input type="checkbox"/> If employed student 17-24; income \$24,000 or less. <input type="checkbox"/> If unemployed student 17-24; parent income \$50,000 or less. <input type="checkbox"/> If unemployed student 17-24; parent working in Oil and Gas industry. <input type="checkbox"/> Any member of the household receives Supplemental Nutritional Assistance (SNAP) benefits. 		
Employment Information		
<i>If employed, please include employment information below.</i>		
Relationship to Applicant <i>(If Applicant, write Applicant)</i>	Occupation	
Employer	Hours per Week	Annual Income
I am willing to submit to drug screening: Yes No		
Board of Regent Relationship Information		
<p>The following is a list of Lee College Board of Regents: Weston Cotten, Pete Alfaro, Mark Hall, Judy Jirrels, Dr. Keith Coburn, Susan Moore-Fontenot, Mark Himsel, Gina Guillory, Gilbert Santana. Please indicate which statement below best describes your relationship with any of the individuals.</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am NOT related to a Regent <input type="checkbox"/> I am a Regent's mother, father, daughter or son <input type="checkbox"/> I am a Regent's brother, sister, grandparent or grandchild <input type="checkbox"/> I am a Regent's great-grandchild, uncle (brother of parent), aunt (sister of parent), nephew (son of brother or sister), or niece (daughter of brother or sister) <input type="checkbox"/> I am a Regent's spouse; spouse's child; spouse's mother or father; child's spouse; or parent's spouse <input type="checkbox"/> I am a Regent's spouses' brother or sister; spouse's grandparent; spouse's grandchild; brother or sister's spouse; grandparent's spouse; or grandchild's spouse 		
Additional Information		
<p>Please include any other information you would like the financial assistance committee to take into consideration.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
FOR INTERNAL USE ONLY:		
<ul style="list-style-type: none"> <input type="checkbox"/> ECHMA <input type="checkbox"/> Lee Alliance <input type="checkbox"/> Lee College Foundation <input type="checkbox"/> Temple - GRADCafé <input type="checkbox"/> Other 	<p>Amount Awarded \$ _____</p> <p>Approved By _____ Date _____</p> <p>Approved By _____ Date _____</p> <p>PeopleSoft Hold <input type="checkbox"/> No Hold <input type="checkbox"/> Verified By _____</p>	

Signature

Date