

Assistance Application Form



Applicant Information

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____

Email address _____

Please respond to the following.

How would this funding help you achieve your goals? (Required)

(Please be specific and detailed.) You may use an additional sheet of paper if needed.

Is there anything else you want us to know? (Optional).

Please return this application to:
Lane Community College /Continuing Education Department
101 W. 10th Ave, Eugene, OR. 97401

For Committee Only

Date of Application: ___/___/___

Date Reviewed: ___/___/___

Committee Approval: Y N

Notes:

Amount of Award: _____

Purpose of the Award: _____

Instructions for Foundation Office

Please return completed application to:

Lane Community College /Continuing Education Department
101 W. 10th Ave
Eugene, or. 97401

To request this information in an alternate format (Braille, digital, audio or large print), please contact Center for Accessible Resources: (541) 463-5150 (voice); 711 (relay); Building 1, 218; or AccessibleResources@lanecc.edu.