## BECAS Student Assistance Fund Application

Stude	nt Name:				
	Last Name		First Name		MI
Addre	ess				
City			State	Zip	-
Home	/Cell Phone:	E-ma	il Address		
L#: _		Degree Plan		Career Goal	
Amou	ınt Requested	:			
		Please answer t	he following qı	iestions	
1.	What is your financial need?				
	_				
2.	How will this assistance support your goals in the Energy Management Program?				
3.	How has your diversity (cultural heritage/race/gender/socio-economic background/family/work, and/or school experiences etc.) contributed to who are today and your pursuit of a college education?				

## **For Committee Only**

Date of Application://	Date Revie	ewed:/
Committee Approval: Y	N	Notes:
Amount of Award:		
Purpose of the Award:		
Instructions for Foundation Office		
-		
-		

Please return completed application to:

Roger Ebbage, CEM Coordinator Energy and Water Education Programs Building Energy and Controls Apprenticeship (BECA) Program Lane Community College