Assistance Application Form

Continuing Education

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.

_____

_____

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_____

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

_____

_____

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

_____
_____
_____
_____
_____
_____
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_____

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.