



Please complete and return form to the Office for Student Success.

## Office of Student Services *Non-tuition Hardship Request*

### Student Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

LUC EMAIL: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Have you requested hardship funds (tuition or non-tuition) before? Y\_\_\_ N\_\_\_

Are you currently employed? Y\_\_\_ N\_\_\_

If yes, where are you employed? \_\_\_\_\_

How long have you been employed in that position? \_\_\_\_\_

**\*Students who work are required to submit their most recent pay / check stub.**

### Details of Request

Describe the circumstances surrounding your request. Is your need primarily related to school or your personal life? What have you done prior to this request toward meeting the need you have? If necessary, you may attach a written narrative to this form. \_\_\_\_\_

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**Details of Request (cont.)**

What is the dollar amount you need? Be sure to include prices for items you hope to obtain. \_\_\_\_\_

At present, how much can you contribute to meeting your own need? \_\_\_\_\_

I certify that the information provided is true and correct to the best of my knowledge. I agree to provide necessary documentation regarding my hardship request. Any intentional misrepresentation of information contained in this application or shared during its review will result in forfeiting this and any future application for assistance, possible disciplinary action and a potential demand for repayment of funds issued. Furthermore, I understand that the completion of this application does not guarantee funding, and that if needed I will address any concerns or questions related to my application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

DATE Received: \_\_\_\_\_

DATE of initial meeting: \_\_\_\_\_

DATE funds were utilized / distributed: \_\_\_\_\_

Was the student referred to the Career Coordinator? Y\_\_\_ N\_\_\_

Was the student referred to the Social Worker? Y\_\_\_ N\_\_\_

Was the student referred to a resource outside the Office of Student Services? Y\_\_\_ N\_\_\_

\*If yes, which resources (Instructor, Academic Advisor, Financial Aid, Wellness Center, etc.)?

OFFICE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_