FOREIGN CREDIT EVALUATION

MINI-GRANT APPLICATION
(To be completed by an LCC counselor and forwarded to the Lansing Community College Foundation)

Student Name: ___________________________  Student Number: __________

Student’s Home Country: ___________________________________________________

Counselor completing this form (please print): ________________________________

Indicate the date that you verified the following eligibility criteria for this student.

_______  This student is enrolled at Lansing Community College.
(date verified)

_______  This student is approved for federal financial aid.
(date verified)

Rationale for request:

Counselor ___________________________  Date ___________________________
(signature)

Chair, Counseling Services Department ________________________________