



The Adult Resource Center
Special Populations Grant Application
Spring 2021

The Special Populations Grant is a resource that can help students pay for attendance costs. You must be pursuing or will pursue an **occupational program** to qualify.

REQUIREMENTS:

- ☐ I have submitted the **2020-2021 FAFSA** application and received an answer.
☐ I have completed the **Skills Assessment** (reading and writing) in the LCC Assessment Center.

If considered eligible:

- ☐ I understand that I must complete a **Career Assessment** with the Adult Resource Center, and/or a Career Advising Appointment.
☐ I understand that I must complete a **Course Approval Appointment** with the Adult Resource Center.

Drop off application to:
 LANSING COMMUNITY COLLEGE
 Gannon Building:
 Starzone Center for Student Support

Mail application to:
 Arc-Center for Student Support
 Lansing Community College
 411 N Grand Ave., GB2300
 Lansing, MI 48933

For more information:
 Call 517-483-1199
 AdultRC@star.lcc.edu

Name:	Student Number:	
Curriculum/Program of Study:	Preferred Phone:	Date of Birth:

Which of the descriptions below fit you? You may check more than one.

- ☐ **Single Parent and/or Single Pregnant Woman:** An individual who is unmarried or separated from a spouse, AND has sole or joint custody of a minor child/children, AND/OR expecting the birth of a child.
- ☐ **Non-Traditional Career Trainee:** An individual enrolled in an occupational program that has traditionally been underrepresented by his/her gender.
- ☐ **Individual with Limited English Proficiency:** An individual who has limited ability in speaking, reading, writing, or understanding the English language AND whose native language is not English.
- ☐ **Individual with a Disability:** An individual who has a physical or mental impairment that substantially limits one or more major life activities.
- ☐ **Economically Disadvantaged:** An individual from economically disadvantaged families, including foster children. This individual must be one or more of the following: Pell Grant or other need-based financial assistance recipients.
- ☐ **Homeless Individuals:** Homeless means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people because you have no place else to go. Also, if you are living in any of these situations and fleeing an abusive parent you may be considered homeless even if your parent would otherwise provide a place to live.
- ☐ **Youth In or Aged Out of Foster Care System:** This includes but is not limited to: Placements in foster care homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes
- ☐ **Out of workforce individual (Formerly Displaced Homemaker):** An individual who is under-employed or unemployed and is experiencing difficulty in obtaining employment or upgrading employment, AND/OR (1) Has worked primarily without remuneration to care for a home and family, and for that reason has diminished marketable skills; AND/OR (2) Has been dependent upon the income of another family member but is no longer supported by that income; AND/OR (3) Is a parent whose youngest dependent child will become ineligible to receive assistance under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.) not later than 2 years after the date on which the parent applies for assistance under this Title.

CURRENT EMPLOYMENT

Job Title:	Employer:	Salary: (Weekly? Yearly?)
Starting and ending date:		

PROVIDE DOCUMENTATION**List ALL Dependents**

If you are married and living in the same home, list spouse.

Spouse: _____

Children's names and date of birth:

Have you received any of the following between 2018-2019? Check all that apply:

- ☐ Medicaid
SSI – Supplemental Assistance Income
☐ SNAP – Special Nutrition Assistance Program
☐ Free or Reduced Lunch
☐ TANF – Temporary Assistance for Needy Families/ DHHS Cash Assistance
☐ WIC
☐ Housing/Public/Section 8 Subsidy
☐ Family/friend's assistance
☐ Income
☐ Spouse Income
☐ Other Untaxed Income
☐ Unemployment Compensation
☐ Child Support Received
☐ Alimony Received

Have you had any **recent** changes to income or household size? ☐ Yes ☐ No

If yes, briefly describe the change: (Ex: Switched employers, new job)

FAFSA INFORMATION

I have filed a 2021 FAFSA:

☐ Yes ☐ No

I have completed all requests for verification from the Financial Aid Office:

☐ Yes ☐ No

I understand that in order to be considered for this grant I must fulfill all requests for verification to financial aid.

☐ Yes ☐ No

Please sign below to verify that you agree to the conditions and responsibilities of this award and that you assume responsibility for knowing Lansing Community College policies.

If I am eligible for the Special Populations Grant, I understand that this grant provides funding for occupational education students only, and that this grant is for students who are pursuing or have intent and commitment to pursue an occupational curriculum.

I give permission to the ARC at Lansing Community College to have access to my enrollment records, skill level scores, academic progress, and grade information. I understand that grants are based on need. If I receive the Pell Grant or other grants/scholarships, I might not receive tuition assistance from this grant.

I understand that funds for the Special Populations Grant is limited and may not be available in subsequent semesters.

Lansing Community College is an equal opportunity educational institution/employer. Lansing Community College programs and activities are open for all persons regardless of race, color, sex, age, religion, national origin, creed, ancestry, height, weight, sexual orientation, gender identity, gender expression, disability, familial status, marital status, military status, veteran's status, or other status as protected by law, or genetic information.

I certify that all statements made on this application are true to the best of my knowledge, if requested, and I can provide proof of information stated on this application to the Adult Resource Center and/or the Financial Aid Office.

Applicant's Initials: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____