At the time of submission of this form you are required to provide the following documents:

1. Your class schedule
2. Course syllabus indicating books required

**Student Information:** ALL FIELDS REQUIRED

Please write legibly. Incomplete application will not be reviewed or processed.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions:**

1. How many units are you currently enrolled in at Laney College? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I applied for Federal Student Aid (FAFSA) for the 2018 – 2019 school year: Yes  No

3. Are you apart any of the below programs? Yes  No

EOPS/CARE, CalWORKs, B2B, UMOJA-UBAKA, APASS, Athletics, Veterans, or

Student Government (ASLC).

If yes, please list programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Certification and Signature:**

*I* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME) *understand that by completing this request form it does not guarantee approval. I understand that if I am not approved, I will not contest the decision. I agree that if approved, I will be required to return used book(s) back to the Office of Student Activities and Campus Life by the required due date. If approved, I understand that this emergency book voucher is a one-time use.*

*Please note: Application processing will be on a first come, first serve basis. In addition, please allow 48hrs for processing.*

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--For Office Use Only--**

**Class schedule:** Yes  No

**Syllabus submitted:** Yes  No

**Status of application:** Approved  Denied  **Amount issued**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director of SACL signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**