



1130 – Women’s Resource Center/Returning Adult Program  
 Lansing Community College  
 P. O. Box 40010  
 Lansing, Michigan 48901-7210  
 Phone: (517) 483-1199 Fax: (517) 483-1970  
<http://www.lcc.edu/wrc>



## SINGLE PARENT, DISPLACED HOMEMAKER, NON-TRADITIONAL CAREER, and SPECIAL POPULATIONS GRANT ~~FALL 2009~~, SPRING 2010, SUMMER 2010



*Do you meet any one of the following categories?*

1. **SINGLE PREGNANT WOMAN:** An unmarried woman who is expecting the birth of a child. Documentation from a physician is required.
2. **SINGLE PARENT:** A parent who (1) is unmarried (i.e., divorced, widowed, or never married) or separated from a spouse and (2) has a minor child or children for which the parent has either custody or joint custody.
3. **HOMEMAKER:** An adult who has worked primarily without pay to care for the home AND family for a minimum of 5 years, has diminished marketable skills, and is unemployed or underemployed.
4. **DISPLACED HOMEMAKER:** A homemaker for at least 5 years, unemployed or underemployed who (1) has been dependent on the income of a relative but is no longer supported by such income, or (2) because of divorce, separation, or the death or disability of a spouse must prepare for paid employment or (3) has been receiving public assistance.
5. **NON-TRADITIONAL CAREER TRAINEE:** A woman or man who wishes to seek employment in an occupation which traditionally has been underrepresented by his/her gender.
6. **INDIVIDUALS with LIMITED ENGLISH PROFICIENCY:** An adult who has limited ability in speaking, reading, writing, or understanding the English language, and whose native language is a language other than English. (Verified by the Limited English Proficiency Program, 483-1196.)
7. **INDIVIDUALS WITH A DISABILITY:** Individuals who have documented disabilities related to hearing, speech, vision, learning, mobility, psychiatric function and substance abuse. Also individuals who have documented health-related impairments such as diabetes, epilepsy, heart disease, cancer, multiple sclerosis, muscular dystrophy, hemophilia, or are HIV positive. (Verified by the Office of Disability Support Services, 483-1904.)
8. **ECONOMICALLY DISADVANTAGED:** Individuals from economically disadvantaged families, including foster children, Pell grant or other need-based financial assistance recipients, or migrants.

**WRC/RAP OFFICE LOCATION:  
 Room 204, Gannon Building  
 Counseling and Advising Center  
 Main Campus**



*Do you meet the income  
 guidelines?*

**INCOME GUIDELINES:** If married, and living in the same home, spouse should be counted as a dependent. A family's gross income must not exceed:

1. \$19,000 - self only
  2. \$25,000 - self with one dependent
  3. \$27,000 - self with two dependents
  4. \$29,000 - self with three dependents
  5. \$31,000 - self with four dependents
- Add \$2,000 for each additional dependent.

You do not need a high school diploma or a GED to be eligible for this grant.

**FINAL APPLICATION DEADLINE**

<del>FALL SEMESTER 2009</del>	<del>JULY 1, 2009</del>
SPRING SEMESTER 2010	NOVEMBER 1, 2009
SUMMER SESSION 2010	MAY 1, 2010

**IT IS TO YOUR ADVANTAGE TO TURN IN  
 YOUR APPLICATION AS SOON AS POSSIBLE.**

**Students eligible Fall 2009 or Spring  
 2010 will not need to reapply for  
 Summer 2010.**

*These funds are made available through a grant from the Michigan Department of Labor & Economic Growth, and Community College Services Unit.*

## GRANT POLICIES

1. This grant may be received more than one semester in an academic year as long as funds permit, eligibility criteria and income guidelines are met, and the student makes satisfactory academic progress in accordance with scholarship policies. Students must also maintain a satisfactory completion rate of credits attempted.  
  
In determining eligibility, your previous academic record will be reviewed. If you have had academic difficulties in the past, you will be limited in the number of courses or the kind of courses we approve for you.  
  
If we limit the number of credits a student may take due to academic record, the student may only take approved courses to receive any funding assistance from this grant (regardless of other financial aid eligibility).  
  
Students new to Lansing Community College will be allowed to take a maximum of 8 credits during the Fall or Spring semester and 4 credits during the Summer semester. Students will be limited to one on-line course until the student demonstrates the ability to be successful in online courses.
2. **ALL PARTICIPANTS ARE REQUIRED TO APPLY FOR THE PELL GRANT AND RECEIVE AN ANSWER before getting assistance. ALL TO-DO items--including Verification requirement--MUST be completed.** To apply for Pell you must complete and submit the 2009-2010 Free Application for Federal Student Aid (FAFSA) immediately. FAFSAs are submitted online at (<http://www.fafsa.ed.gov>). If you need assistance in completing the application, stop by Enrollment Services, room 203, Gannon Building (GB). If you are ineligible for Pell or in default on a student loan, you may still be eligible for our grant.
3. **SKILLS ASSESSMENT (Reading/Writing).** Before receiving tuition, books, or transportation assistance, you must complete skill level assessments in the LCC Assessment Center, Room 200 Gannon Building (GB). Call (517) 267-5500 for information. The results of these assessments aid us in advising students into appropriate courses and will not prevent you from attending Lansing Community College or from receiving this grant.
4. A **CAREER ASSESSMENT** is required and instructions on how to complete the Career Assessment will be mailed to you if you are determined eligible for this grant. **Results of your career assessment must be brought to the WRC/RAP office before the start of your first semester in the WRC/RAP program.**
5. New students must apply for admission to LCC through Enrollment Services or go online at [www.lcc.edu](http://www.lcc.edu).
6. A student must choose an occupational program to be funded.
7. Those with a Bachelor's degree or higher are not eligible for this grant. Those with an occupational, vocational, or technical associate degree may also be ineligible.
8. The grant may pay for the registration fee each semester.
9. To meet our income guidelines you must prove custody or joint custody of all dependent children listed on your application. Please see page D for examples.
10. The student is responsible for the cost of any books and supplies not covered by this grant. If a course is dropped and this grant paid for the books, they should be returned immediately.
11. Dropping a class after the end of the 100% refund period results in a loss of tuition money from the grant fund. **THEREFORE, IF A STUDENT DROPS ONE OR MORE CLASSES AFTER THIS, IT MAY RESULT IN THE STUDENT'S INELIGIBILITY IN LATER SEMESTERS.** If you find it necessary to drop a class, you must do so formally through the Enrollment Services Office. **Never simply stop attending class as it will result in a failing grade.**
12. Students will be limited to 12 credits (6 credits in summer) or fewer unless the student's curriculum requires more. You will be notified by mail to call for a Course Approval Appointment. **PLEASE NOTE THAT MOST TRANSFER PROGRAMS ARE NOT ELIGIBLE AND NO CLASSES CAN BE TAKEN ON AN AUDIT BASIS. IF A STUDENT LATER CHANGES A COURSE APPROVED FOR CREDIT TO AN AUDIT, THE STUDENT WILL BE BILLED FOR THE TUITION AND FEES FOR THAT COURSE.**
13. **TUITION AND COURSE FEES FOR APPROVED COURSES WILL BE PAID AS FUNDS ALLOW.** Limited assistance for required textbooks, transportation, and the registration fee may also be provided. The Women's Resource Center/Returning Adult Program (RAP) staff is available by appointment to advise and promote the success of students on this program. Call 483-1199 or 1-800-644-4522 ext. 1199 for appointment times. Evening appointments available if requested. **NOTE THAT GRANTS ARE BASED ON THE AVAILABILITY OF FUNDS.** In accordance with Federal guidelines, those with greatest need will be given priority for scholarships. If funds are limited, priority will be given in the following order: to single parents, displaced homemakers, non-traditional career trainees and then all other categories. All "eligible" applicants may not be served if funds are expended.
14. **NO CASH IS AWARDED.** The grant will be made for the exact number of credits approved, depending upon the availability of funds. Not all classes are eligible. Therefore, **requested classes must be approved by a WRC/RAP staff member.**

*Lansing Community College does not discriminate on the basis of race, religion, age, national origin, sex, marital status, color, height, weight, handicap or sexual orientation in its employment, educational programs or activities. If you feel you have been discriminated against, contact the Equal Opportunity Office at (517) 483-1030.*

## APPLICATION PROCESS

**ALL APPLICATIONS MUST BE COMPLETE WITH PROOF OF ALL INCOME AND ANY OTHER REQUIRED DOCUMENTATION AND MUST BE RECEIVED BY WOMEN'S RESOURCE CENTER/RETURNING ADULT PROGRAM BY THE DEADLINE DATE. CALL 483-1904 AS CLOSING HOURS VARY.**

Return application to:	OR	Mail application to:	OR	Fax applications to:
LANSING COMMUNITY COLLEGE Room 204 Gannon Building Counseling and Advising Center 422 N. Washington Square Lansing MI 48933		WRC/RAP - 1130 Lansing Community College P.O. Box 40010 Lansing, MI 48901-7210 Call to verify receipt		WRC/RAP 517-483-1970 Include your full name. Call to verify receipt.

### \* IMPORTANT \*

1. If the deadline falls on the weekend, applications will be accepted the following Monday until close.
2. We cannot guarantee eligibility determination in time for the start of Registration.
3. Applications for Truck Driver Training may be submitted after deadline dates. Indicate this program under Curriculum on first page of application.
4. Students must apply for this grant each academic year.
5. We recommend that applications not be mailed. We do not take responsibility for applications which are late or lost.
6. Each semester you will receive a letter notifying you whether or not you appear eligible for this grant which outlines important deadlines and procedures for your Course Approval Appointment.
7. Contact our office if you have not received notice two weeks after the semester application deadline.
8. If you are determined eligible you will be notified to make a Course Approval Appointment. You must make this appointment by the deadline date indicated in the letter or your grant will be cancelled.
9. If you are eligible, **you must have an appointment with a Women's Resource Center/Returning Adult Program staff member to have your courses approved.** This grant will not pay for tuition and fees until all requirements are complete as explained in a Course Approval Appointment with a WRC/RAP staff member.
10. PLEASE NOTE: We may need to call you with questions related to your application. Due to confidentiality, we will not identify ourselves as the WRC or RAP staff to whoever may answer your phone or on your answering machine. The staff member will say she is calling from LCC and leave her name and phone number. Please indicate on the front page of the application if we should not call you.
11. If you have any changes in your contact information, such as phone number, address, or email address, please notify our office by calling 517-483-1199 or submit your changes online on our website [www.lcc.edu/wrc](http://www.lcc.edu/wrc).
12. **TO APPLY FOR THE CHILD CARE GRANT, A SEPARATE APPLICATION IS NECESSARY.** You must attach proofs of income and custody to the Child Care application each time you apply, and you must use **STATE-LICENSED CHILD CARE.**

## Application Checklist

### Did you prove custody of all dependent children?

You must have any TWO pieces of documentation from the examples below for each dependent child.

Child's Medicaid Card	DHS assistance showing child's name
Court Ordered Custody papers	Immunization Record
Divorce Papers	School Record
Child Support Documentation	Birth Certificate
WIC booklet showing child's name	Social Security card

### Did you provide documentation for every source of income you marked on the application?

- \_\_\_\_\_ Applicant's employment and/or Spouse's income: check stubs
- \_\_\_\_\_ Child Support and/or Alimony: check stub or court order
- \_\_\_\_\_ Food Assistance: EBT card or letter from DHS
- \_\_\_\_\_ DHS Cash Assistance: letter from DHS
- \_\_\_\_\_ Proof of Medicaid: Medicaid card or letter from DHS
- \_\_\_\_\_ Social Security: Check stub, letter from SSI, or bank statement with deposit
- \_\_\_\_\_ Unemployment compensation: check stub, or statement of assistance
- \_\_\_\_\_ Family/friends assistance: letter from family/friend describing assistance
- \_\_\_\_\_ Housing/public/Section 8 subsidy: official statement of assistance
- \_\_\_\_\_ Other: description of assistance and documentation

**Are you a U.S. national (includes natives of American Samoa or Swain's Island) or a U.S. permanent resident who has an I-151, I-551, or I-551C with an Alien Registration Receipt Card?** If so you must provide documentation.

If you are not in one of the above categories, you must have an Arrival-Departure Record (I-94) from the U.S. Immigration and Naturalization Service (INS) showing one of the following designations:

- ◆ "Refugee"
- ◆ "Asylum Granted"
- ◆ "Indefinite Parole" and/or "Humanitarian Parole"
- ◆ "Cuban-Haitian Entrant, Status Pending"
- ◆ "Conditional Entrant" (valid only if issued before April 1, 1980)

You are not eligible for federal financial aid if you only have a Notice of Approval to Apply for Permanent Residents (I-171 or I-464). You are also not eligible for federal financial aid if you are in the United States on an F1 or F2 student visa only or on a J1 or J2 exchange visitor visa only. In addition, Persons with G series visas pertaining to international organizations are not eligible for federal student aid.

### Are you under the age of 24 and have no dependents?

If you are, you are considered to be a dependent of your parent(s). You must provide proof of your parent(s) income. All dependents in the family, including your parent(s), will be counted to determine eligibility. If you want to be considered an independent student, you must provide us with proof that your parent(s) did not declare you as a dependent on their income tax in 2008 and are not declaring you this year (2009) **and** you must have proof that you have applied for Federal Financial Aid and be determined "Independent by Professional Judgment" (form available at Enrollment Services).

Did you apply for Financial Aid? **Yes/No**

Did you take your Reading and Writing Placement tests? **Yes/No**

Have you applied to be a student at [www.lcc.edu](http://www.lcc.edu)? **Yes/No**

Have you had a career assessment? **Yes/No**

~~FALL 2009~~-SPRING 2010-SUMMER 2010  
SINGLE PARENT, DISPLACED HOMEMAKER,  
NON-TRADITIONAL CAREER and SPECIAL POPULATIONS  
GRANT APPLICATION

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

PREVIOUS NAME AT LCC: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CURRICULUM NAME/CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE HOME: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*If under age 24 with no dependents see page D for required documentation.

check box if we should **NOT** call

ARE YOU A U.S. CITIZEN? \_\_\_\_\_

WORK: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*If not a U.S. citizen, see page D for required documentation.

check box if we should **NOT** call

EMAIL ADDRESS: \_\_\_\_\_

HAVE YOU APPLIED FOR THIS GRANT BEFORE? \_\_\_\_\_

In order to determine possible eligibility for tuition assistance, please answer the following questions. The information collected will be used only for this purpose and is considered confidential.

**YOU MUST FIT AT LEAST ONE OF THE DESCRIPTIONS BELOW. See page A for explanation of descriptions and page D for required proof of custody, non-citizen eligibility and under age 24, no dependents documentation.**

**CHECK ALL THAT APPLY.**

\_\_\_\_\_ 1. SINGLE PREGNANT WOMAN

\_\_\_\_\_ 6. INDIVIDUALS with LIMITED ENGLISH PROFICIENCY: (Verified by the Limited English Proficiency Program, 483-1904.)

\_\_\_\_\_ 2. SINGLE PARENT

\_\_\_\_\_ 3. HOMEMAKER: *Indicate number of years as a homemaker* \_\_\_\_\_.

\_\_\_\_\_ 7. INDIVIDUALS WITH A DISABILITY: **Documentation required.** (Verified by the Office of Disability Support Services, 483-1904.)

\_\_\_\_\_ 4. DISPLACED HOMEMAKER: *Indicate number of years as a homemaker* \_\_\_\_\_.

\_\_\_\_\_ 8. ECONOMICALLY DISADVANTAGED

\_\_\_\_\_ 5. NON-TRADITIONAL CAREER TRAINEE: **MUST DECLARE THE CURRICULUM NAME AND CODE NUMBER OF A NON-TRADITIONAL VOCATIONAL PROGRAM and indicate above.**

**Please attach any additional information which would be helpful to us in determining your eligibility.**

FEMALE       MALE

**MARITAL STATUS:**

- Single/never married
- Married
- Separated
- Divorced
- Widowed

**PLEASE LIST ALL DEPENDENTS:** If you are married and living in the same home, list spouse. Proof of custody is required for all dependent children you list. See page D for examples.

Spouse's name	
Child	Age
Child	Age
Child	Age
Child	Age
Child	Age
Child	Age

**CHECK ALL SOURCES OF INCOME.** INDICATE DOLLAR AMOUNT AND IF INCOME IS WEEKLY, BI-WEEKLY, OR MONTHLY. YOU MUST ATTACH CURRENT PROOF OF INCOME FOR EACH SOURCE YOU RECEIVE. See examples on page D. **Income tax forms are not acceptable.** Report gross income (before taxes).

**IF YOU ARE UNDER AGE 24 AND HAVE NO DEPENDENTS, PLEASE READ THE INFORMATION ON PAGE D.**

\_\_\_\_ applicant's employment \$ \_\_\_\_\_  
(circle one: weekly/bi-weekly/monthly)

\_\_\_\_ spouse's income \$ \_\_\_\_\_  
(circle one: weekly/bi-weekly/monthly)  
name of employer \_\_\_\_\_

\_\_\_\_ child support received \$ \_\_\_\_\_  
(circle one: weekly/bi-weekly/monthly)

\_\_\_\_ alimony received \$ \_\_\_\_\_  
(circle one: weekly/bi-weekly/monthly)

\_\_\_\_ Food Assistance \$ \_\_\_\_\_

\_\_\_\_ DHS Cash Assistance \$ \_\_\_\_\_

\_\_\_\_ Medicaid

\_\_\_\_ Social Security \$ \_\_\_\_\_

\_\_\_\_ Unemployment compensation \$ \_\_\_\_\_

\_\_\_\_ Family/friend's assistance, explain: \_\_\_\_\_

\_\_\_\_ Housing/Public/Section8 Subsidy

\_\_\_\_ Other \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**If receiving help from the Department of Human Services, (DHS) how long have you received assistance?**

Years: \_\_\_\_\_ Dates: \_\_\_\_\_

If not currently on DHS, have you received it in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Number of years: \_\_\_\_\_ Dates: \_\_\_\_\_

**Are you on the Work First Program or will you be eligible during this semester?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETE AND ALL NECESSARY DOCUMENTATION ATTACHED BY THE DEADLINE.**

**ALL STUDENTS MUST APPLY FOR THE 2009-2010 PELL GRANT AND RECEIVE AN ANSWER.**

\_\_\_\_\_ I have applied for the 2009-2010 Pell Grant (Federal Financial Student Aid, FAFSA).

Date applied: \_\_\_\_\_

**Are you in default on a student loan?** Yes \_\_\_\_\_ No \_\_\_\_\_

If you are ineligible for Pell or in default on a student loan you may still be eligible for this grant. You must apply for Federal Financial Aid (Pell) and get an answer. ALL TO-DO items--including Verification requirement--**MUST** be completed

**Are you presently receiving or eligible** for any other educational assistance? Yes \_\_\_ No \_\_\_

If yes, explain: PELL Grant: \_\_\_\_\_ TRIO \_\_\_\_\_

Tuition Grant: \_\_\_\_\_ Employer Reimbursement: \_\_\_\_\_

MI Works!: \_\_\_\_\_ Work First: \_\_\_\_\_

Other \_\_\_\_\_

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**Are you a student with special needs?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, special services are available through the Office of Disability Support Services, room 204 GB (483-1904) and the Limited English Proficiency Program, room 204 GB (483-1216).

You should have received any necessary academic advising from your department, college advisor or counselor, a staff member of the WRC/RAP, Office of Disability Support, LEP Program, or TIP Program **prior** to having your classes approved.

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**Educational level: Check all that apply:**

\_\_\_\_\_ 1. High School graduate or GED completion? Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ 2. Some high school. If you do not have a high school diploma or GED, when did your high school class graduate? Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ 3. Have you had any education or training past high school? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ 4. Name of colleges attended: \_\_\_\_\_  
Dates: \_\_\_\_\_ Number of credits earned: \_\_\_\_\_

\_\_\_\_\_ 5. Associate degree/college attended/date received: \_\_\_\_\_  
Degree title: \_\_\_\_\_

\_\_\_\_\_ 6. Bachelor's degree/college attended/date received: \_\_\_\_\_  
Degree title: \_\_\_\_\_

\_\_\_\_\_ 7. Master's degree/college attended/date received: \_\_\_\_\_  
Degree title: \_\_\_\_\_

\_\_\_\_\_ 8. Vocational training/school/date: \_\_\_\_\_

\_\_\_\_\_ 9. Total number of college credits. Attempted \_\_\_\_\_ Earned \_\_\_\_\_

\_\_\_\_\_ 10. Are you currently enrolled in any other college? Name: \_\_\_\_\_  
Name of major/curriculum/program/degree: \_\_\_\_\_

**EMPLOYMENT:** Applicant must lack the job skills necessary to provide adequate financial support for self and dependents (if any).

Are you presently employed? Yes\_\_ No\_\_      Do you receive paid benefits? Yes\_\_ No\_\_  
Medical? Yes\_\_ No\_\_      Sick Leave? Yes\_\_ No\_\_      Vacation? Yes\_\_ No\_\_

**EMPLOYMENT:**

List current (**or if unemployed, most recent**) employment first. This **must** be filled out.

**Job Title:** \_\_\_\_\_      Hours per week: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Salary: Hourly rate \$ \_\_\_\_\_ or gross: **weekly/bi-weekly/monthly**: \$ \_\_\_\_\_  
(circle frequency of pay)

Starting and ending dates: \_\_\_\_\_

**Job Title:** \_\_\_\_\_      Hours per week: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Salary: Hourly rate \$ \_\_\_\_\_ or gross **weekly/bi-weekly/monthly**: \$ \_\_\_\_\_  
(circle frequency of pay)

Starting and ending dates: \_\_\_\_\_

**What other job skills do you have?** \_\_\_\_\_

\_\_\_\_\_

**Are there any special health-related** reasons or other circumstances which prevent the use of these skills?

\_\_\_\_\_

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**STATEMENT OF PURPOSE**

**What are your reasons for wanting to attend college? Do you have immediate and/or long range goals for which education at LCC is necessary? Please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

I am returning to school and am seeking services and financial aid through the Special Populations program at the Women's Resource Center/Returning Adult Program, Lansing Community College. 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 certify that all of the information supplied in this application is accurate to the best of my knowledge. I understand that failure to answer truthfully, providing invalid or incomplete income information or documentation, or being in non-compliance with program requirements may make me ineligible or financially responsible for tuition and fee payments made on my behalf by the State of Michigan. I also understand that I must reside in the State of Michigan to receive this funding. In addition, I give permission to the Women's Resource Center/Returning Adult Program 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, I might not receive tuition, textbooks, or transportation from this grant.

I understand that if this application is not completely filled out with income proof and custody documentation attached by the deadline, I will be ineligible. Completed applications must be returned to the Women's Resource Center/Returning Adult Program by the semester deadline for eligibility determination.

I understand that funds for the Single Parent, Displaced Homemaker, Non-traditional Career, and Special Populations grant are limited and may not be available in subsequent semesters.

I understand that the Women's Resource Center/Returning Adult Program will request mid-term progress reports from my instructors.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Return application to:

LANSING COMMUNITY COLLEGE  
Room 204  
Gannon Building  
422 N. Washington Square  
Lansing MI 48933

OR

Mail Application to:

WRC/RAP - 1130  
Lansing Community College  
P.O. Box 40010  
Lansing, MI 48901-7210  
Call to verify receipt

OR

Fax applications to:

WRC/RAP  
517-483-1970  
Include your full name.  
Call to verify receipt.