



Students may apply for more than one book, and **ALL books are due on the last day of class**. A hold will be put on the records of students who do not return books, and they will be assessed the price of a new copy of the book. Book requests are handled on a case by case basis and are based on financial need. Students are encouraged to request a book before the first day of class.

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

<p>1. Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you receive Pell? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you in a non-traditional program? (<i>Less than 25% of your gender in the workforce?</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you a displaced homemaker? (<i>I was financially supported by another family member while caring for home and family, but now must return to work.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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List Books Requested		For Office Use ONLY		
Class Name/No.	Book Title	Book #	Date Issued	Date Returned

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

Signature of SRTC Staff: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Total Fees _____</p> <p>Hold Applied _____</p> <p>Date Applied _____</p> <p>Date Removed _____</p>	<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied: Financial Aid</p> <p><input type="checkbox"/> Denied: Not Eligible</p> <p><input type="checkbox"/> Denied: Book Not Available</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Not Registered/Purged</p>	<p>HOPE _____</p> <p>WIOA _____</p> <p>SIWDG _____</p> <p>SEOG _____</p> <p>PELL _____</p> <p>Other _____</p>
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