

Cardinal Kindness Award

Application

Description: Awards are given to students whose future at Labette Community College may be in jeopardy and have demonstrated a need for temporary financial assistance. Applications are reviewed on a weekly basis.

Application Process:

1. Complete the Cardinal Kindness Award application and Student Financial Assistance form included in this document. Having a detailed application ensures a quick response from the committee.
2. Turn in a typed hard copy of application and essay to SU201, Student Union. Your signature is required.*

Student Name: _____

Student ID#: _____

Phone number: _____

E-mail: _____@labette.edu

Major: _____

Date Submitted: _____

Eligibility:

- Have you met with an on-campus financial aid advisor? yes no
- Have you filled out FAFSA for this current school year? yes no
- Have you exhausted all available loan, scholarship, grant, and/or work opportunities? yes no
- Is your current financial situation temporary? yes no
- Are you a degree-seeking student at Labette Community College? yes no

Survey Questions

How did you hear about Cardinal Kindness? _____

If awarded, can a Cardinal Kindness committee member contact you for a statement about how you benefitted from the award? Yes or No _____

Are you a previous Cardinal Kindness award recipient? Yes or No. _____ If yes, how much was awarded and when? _____

Statement of Need

In 500 words or less (you may type this on a separate sheet if you wish), please describe why you are in need of financial assistance, how it is **temporary**, and how a Cardinal Kindness Award could help you. Please include how you would plan to use the money given to you to ensure that you can graduate at LCC.

Budget Proposal

Please give an estimated budget of how much money would be required and a **detailed** response of how it would be used. If an amount is greater than \$300 a receipt or monetary statement is required. This may be stapled to the back of the application when completed. Also included any level of income that you earn and please specify if on a weekly or monthly basis. Please add/delete rows as needed.

Income/Expense Description	Amount	Purpose

Student Financial Assistance Form

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I, _____, give permission to the Cardinal Kindness committee to consult with Labette Community College's Financial Aid Office regarding any financial support I may have been awarded from LCC. The committee works in consultation with the Financial Aid Office to ensure that Cardinal Kindness Awards will not negatively impact other forms of financial aid.

Information provided by the Financial Aid Office will be used to verify financial need and will remain strictly confidential.

(Signature)

Student ID

(Print Name)

Please return this completed form to
SU201, Student Union
Labette Community College