



## Special Populations Lending Library Application

Date: \_\_\_\_\_ Campus Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Aid: Pell Grant ( ) HOPE ( ) Student Loan ( ) WIOA ( )

Is a Financial Aid Refund Expected? Yes ( ) No ( )

Semester Began West Georgia Tech.: \_\_\_\_\_

Last Semester Enrolled: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Male ( ) Female ( ) Other ( )

Date of Birth: \_\_\_\_\_

SSN or Student Number: \_\_\_\_\_

Program/Major: \_\_\_\_\_

Requested Product:

Laptop: \_\_\_\_\_

Textbook: \_\_\_\_\_ Names & ISBN Numbers: \_\_\_\_\_

Calculator: \_\_\_\_\_

### Special Populations Group:

Disability: \_\_\_\_\_

Child of an Armed Service Member: \_\_\_\_\_

Single Pregnant Woman: \_\_\_\_\_

Out of the Workforce: \_\_\_\_\_

Separated or Divorced: \_\_\_\_\_

English as a Second Language: \_\_\_\_\_

Homeless/Facing Homelessness: \_\_\_\_\_

Aging out of Foster Care: \_\_\_\_\_

Single Parent: \_\_\_\_\_

Non-traditional (25% gender specific) \_\_\_\_\_

Economically Disadvantaged: \_\_\_\_\_

I understand that by signing this application, all of the information is factual. I also understand, there is additional documentation which must be signed, including a contract, which requires my compliance. If not, my privileges for using the lending library may be terminated at the discretion of the Special Populations program. I also understand that misrepresentation or omission of information on this application are subjected to rejection.

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

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

Special Populations Staff: \_\_\_\_\_

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