

Los Angeles Community College District CalWORKs Program



CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • WEST • TRADE-TECH • VALLEY • WEST

ANCILLARY REQUEST FORM

This form is to request textbooks/materials above standard payment from GAIN.

semester:		Stud	ent ID	#:		
Major:		Case #:				
Name:				First		
Address:						
Street	ACCD Student Ema		City	State	Zip	
Name of GAIN Service Worker (GSW):				GSW File #:		
GAIN Office Location:	GSW Phone Number:					
Primary Campus:	Second	ary Campu	s:			
Are you receiving textbook/materials grant from EG	OPS/other grants?	YES	NO	If YES, amount? \$		
GUIDELINE ACI PLEASE READ CAREFULLY AND INDICATE Y					STAND THE	
You must be an active participant with the	he LACCD CalWOR	(s/GAIN Pr	ogram	and in good standin	g with the	
College and the Los Angeles County Cal	WORKs/GAIN Progr	ams.				
If you are receiving a textbook grant fro additional funds.	m EOPS, this amou	nt will be r	educe	d in the request to y	our GSW for	
For textbook requests above your stand	lard payment, you	may be ask	ed to p	provide supporting d	locuments	
such as syllabus or note from your instru	uctor.					
You must provide receipts for anything	above the advance	d standard	payme	ent issued to you.		
request, contact your GSW.	our funds for book	s and supp	lies wit	thin 10 days of subm	nitting your	
My signature below indicates that I understand of my knowledge, and agree that the items indicates		_		this form is complet	ed to the best	
Student Signature			Date			





CalWORKs College Representative

Los Angeles Community College District CalWORKs Program



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 $Student: This form\ will\ be\ used\ to\ request\ additional\ funds\ for\ your\ required\ textbooks/materials\ above\ the\ standard\ payment\ you$ received from GAIN. Please itemize all textbooks/materials. Attach copies of receipts if necessary. _____ Case#: _____ Semester: ______Year _____ Campus enrolled: _____ Attention GSW: The student is requesting the following textbooks/supplies for their studies at our college: Cost (without Tax) Class # Required Textbook/Supply/Fee Course Name Book(s) Supplies Fees Tax Subtotal **Shipping & Handling TOTAL** Place college stamp here: Approved by:

Date