

# SPRINGFIELD COLLEGE



## LATINO COUNSELING CENTER GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the Latino Counseling Center-employed student):

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Latino Counseling Center Email \_\_\_\_\_

Do you have a Springfield College student ID #? Yes No If yes: Your student ID # \_\_\_\_\_

Undergraduate Student Graduate Student

Have you begun your program yet? Yes No If yes, please note that your grant award will be prorated based upon the term you entered.

If no, to which term are you applying? Fall Spring Summer Year \_\_\_\_\_

Campus: Boston Greater Houston Milwaukee Springfield Wilmington Online

Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus, regional campuses, or online.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### LATINO COUNSELING CENTER INFORMATION (to be completed by the human resources director or the CEO/executive director):

Human Resources Director or CEO/Executive Director's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Latino Counseling Center Email \_\_\_\_\_

Is the applicant a current employee of Latino Counseling Center? Yes No

If yes, in what capacity and for how long? \_\_\_\_\_

Briefly describe the applicant's involvement with the organization.

\_\_\_\_\_

Human Resources Director or CEO/Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return completed application to:

Springfield College Office of Financial Aid, 263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3108 (main campus), (413) 748-3112 (regional and online students)

Email: [financialaid@springfield.edu](mailto:financialaid@springfield.edu)

[springfield.edu/latinocounselingcenter](http://springfield.edu/latinocounselingcenter)