

**REQUEST FOR FINANCIAL ASSISTANCE**

From  
**The CSTEP Office**

NAME \_\_\_\_\_ Class Year \_\_\_\_\_ Major \_\_\_\_\_

CMR \_\_\_\_\_ Student I.D. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Desired amount of funding: \$ \_\_\_\_\_ for the purpose of: \_\_\_\_\_

Have you requested any assistance from any other sources? \_\_\_\_\_ If so, list the sources and the requested amounts: \_\_\_\_\_

Are you a HEOP student? \_\_\_\_\_ If so, have you requested funding from the HEOP Office? \_\_\_\_\_  
If not, explain why: \_\_\_\_\_

Courses currently enrolled in: \_\_\_\_\_

Briefly describe how the CSTEP funds requested will specifically enhance your education endeavors in leading to a career in professional licensure.

NOTE: If these funds are for books, they are to be used for textbooks only and there is a \$100.00 per semester limit.

Please note where you would like the check sent. \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date applied: \_\_\_\_\_ Request approved or denied: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_ letter mailed to student

\_\_\_\_\_ check request made

\_\_\_\_\_ contact made by

\_\_\_\_\_ check received

**OTHER:**

*CSTEP Office at St. Lawrence University, Canton, New York 13617*

<p><i>Carol Ann Kissam Director, McNair/CSTEP 171G Whitman Hall 315-229-5605 315-229-7415 Fax</i></p>	<p><i>Sarah Todd Program Coordinator, CSTEP 171I Whitman Hall 315-229-5651 315-229-7415 Fax</i></p>
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