

GUPTA SCHOLARSHIP
Food Voucher Request Form – 2009-2010 Academic Year

Referred by: _____

ISO #: _____ M# _____ Full-time student: Yes ___ No ___

Last Name _____ First _____ MI _____

Address _____

Phone Number(s): Cell _____ Home _____

MCC email address: _____

MCC grade point average _____; if first semester at MCC, high school grade point average _____

Financial Aid Recipient: Yes ___ No ___

Are you receiving other assistance besides financial aid from MCC or working? Yes ___ No ___

Do you have dependents? Yes ___; how many ___ and ages _____ or No ___

Please share your present need for this voucher and how receiving this voucher will assist you:

If selected, may we use your student profile/success story to share information about this Gupta family Fund for Students?

Yes ___ No ___ Maybe, contact me first ___

Student Signature _____ Date _____

Intake Person's Signature _____ Date _____

Referred to Financial Aid Office on _____

NOTE: This food voucher program is for full-time students with a 2.5 grade point average or above. The Financial Aid Office will determine eligibility. **Vouchers:** \$50 - \$250 maximum

Please return Request Form to: Counseling and Advising, Brighton Campus, Rm 1-231
Student Services Center, DCC, Rm 30-5252