

Mt. San Jacinto College District



COOPERATIVE AGENCIES RESOURCES for EDUCATION

Required Course Supplies

Not to Exceed \$200.00

Semester _____

Last Name

First

MI

SID #

@my.msjc.edu

Contact Phone Number

Course/ Section#	Item	Cost Amount

\$

Total Amount Requested

Student: *The supplies required or recommended by my instructor. I also understand that the misuse of CARE funds may result in my termination from the CARE program and I may be required to repay funds. *Your signature indicates you do not have a GAIN supply voucher and/or you have utilized your allotted amount of \$200.00 from EOPS.*

Student Signature

Date

Director Signature

Date

TO BE FILLED OUT BY THE CARE REPRESENTATIVE

EOPS Used:

Amount Awarded:

Unmet Need:

Date to Bookstore:

Entered into Colleague:

Initials of CARE Rep.