



DREAMER'S WARRIOR GRANT



Referral Form

Dear DREAMER: Thank you for your interest in the DREAMER'S WARRIOR GRANT. Please answer the questions below and submit this form to the First Year Experience Office (Student Services Center, Room 204). The Financial Aid Office will determine your award after submitting this form.

First Name: _____
El Camino College Student ID#: _____
Phone# _____

Last Name: _____
Email Address: _____

HOW CAN WE HELP?

Do you need help with Paying for Books?Yes No
(If yes, please list the books and courses you need help purchasing by using the bottom of this form)

Do you need help with Paying for Rent?Yes No
Amount needed? _____

Do you need help with Paying for Transportation?Yes No
Amount needed? _____

Other? _____
Amount needed? _____

ARE YOU PART OF ANY OF THE FOLLOWING PROGRAMS? *(Check all that apply)*

- FYE (First Year Experience)
- Punte Project
- Project Success
- Guardian Scholars
- Athletics
- TOP (The Opportunity Project)
- KEAS (Knowledgeable, Engaged, and Aspiring Students)
- EOP&S (Extended Opportunity Programs & Services)/CARE
- CalWORKs
- HTP (Honors Transfer Program)
- MESA/ASEM (Mathematics, Engineering, Science Achievement Program)
- SRC (Special Resource Center)

Name of Book and Edition	Author	Class	Price

Total Grant Requested: _____
(Please add books, rent, transportation, and other)

Student Signature: _____

Date: _____

Referred By: _____

Date: _____

OFFICE USE ONLY

Financial Aid Manager: _____

Amount Awarded: _____