


El Camino College Financial Aid Office
Outreach Request Form
Fax Number (310) 660-6031

Tell us about your organization	
Name	
Address	
City Zip	State
WEB Address	
Main Telephone ()	Main Fax ()
Tell us who to contact	
Contact Person	
Direct Telephone ()	Fax ()
Email	
Tell us about your workshop and facilities	
First Choice : (mm/dd/yy)	Alternate Choice (mm/dd/yy)
Time: _____ 9am-12pm _____ 1pm-4pm _____ 6pm or later	
Session Type <input type="checkbox"/> General Information Session <input type="checkbox"/> Paper Application Session <input type="checkbox"/> Internet Application Session <input type="checkbox"/> Financial Aid Night <input type="checkbox"/> Other:	
Facility <input type="checkbox"/> Computers Available <input type="checkbox"/> Network Printer Available <input type="checkbox"/> Internet Available <input type="checkbox"/> Overhead Projector Available	