

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Community Colleges of Spokane

## RUNNING START FINANCIAL SUPPORT APPLICATION

FOR OFFICE USE ONLY  
Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Time \_\_\_\_\_

The Community Colleges of Spokane Foundation provides support for eligible Running Start students to purchase textbooks for the CCS Running Start program. Funds will be awarded on a first-come, first-serve basis by college. The maximum award is \$100 per student each quarter. Subsequent awards are only awarded to students who maintain a 2.0 GPA each quarter.

Students with financial needs verified by their high school counselor are eligible for this financial support. This verification of eligibility form needs to be completed each quarter and returned to:

**CCS Foundation MS 1005**  
**Attn: Sue Davidson**  
**501 N Riverpoint Blvd**  
**PO Box 6000**  
**Spokane WA 99217-6000**

If you have questions, please contact:

- Sue Davidson, CCS Foundation, 434-5122, [sdavidson@ccs.spokane.edu](mailto:sdavidson@ccs.spokane.edu)
- Gretchen Ford, SCC 533-8062, [gford@scc.spokane.edu](mailto:gford@scc.spokane.edu)
- Doug Morgan, SFCC 533-3524, [dougm@spokanefalls.edu](mailto:dougm@spokanefalls.edu)
- Suzanne McCurdy, IEL-Colville 685-2120, ext. 6710, [smccurdy@iel.spokane.edu](mailto:smccurdy@iel.spokane.edu)

**NOTE: A typed thank you letter addressed to the CCS Foundation also is required.**

### VERIFICATION OF ELIGIBILITY

This section to be completed by the high school counselor/administrator

This student is applying for financial support for textbooks provided through funds from the CCS Foundation. Funding is need based. Please mark one of the following:

- This student is eligible for the free lunch program.
- Other information is being supplied by the school counselor or administrator as evidence of need (attach information evidence of need).

Student's name (please print legibly) \_\_\_\_\_  
Last name First name

College student identification number 

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Quarter:  Fall  Winter  Spring Year \_\_\_\_\_ Campus:  SFCC  SCC  IEL

District \_\_\_\_\_ High school \_\_\_\_\_

Student street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Counselor/administrator name \_\_\_\_\_ Telephone \_\_\_\_\_  
PLEASE PRINT Last name First name

Counselor/administrator signature \_\_\_\_\_ Date \_\_\_\_\_