



Student Information:

Please complete the following:

Mr. Mrs. Ms.

First Name Middle Initial Last Name

Address

Street City State Zip

Social Security Number STC Student ID: A

Telephone # Semester:

Are you an Employee or a Dependent of a Lacks Employee? Employee Dependent

If you are a dependent of an Employee, please provide their full name:

Employment Verification

To be completed by LACKS Human Resources Office.

I,

First Name Last Name Title/Position

Certify that the above mentioned Employee/Dependent is eligible to receive funding from LACKS: (please check)

Employee Scholarship Dependent Scholarship

HR Representative Signature Date

Telephone # Email

I affirm that the information submitted on this form is completed and accurate, to the best of my knowledge. Student Signature Date