

# Textbook Assistance Request Form **(Maximum Request \$200.00)**

Name	Date
Banner #	Counselor
Home Address	Campus Phone
Phone Number	Cell #

Book	Title	Class	Price New	Price Used
1				
2				
3				
4				
5				
6				
<b>Total funds being requested</b>				

**Students must attach a copy of their bookstore course list and upon purchasing supplies, submit the receipt upon purchasing books. Students are required to repay funds by the end of the semester of the loan. Repayment arrangements should be made with Tricia Switzer, EOF/MAP Secretary.**

I have read and fully understand the conditions of this request.

\_\_\_\_\_  
Signature Date

**For Office Use Only**

	Total approved	\$
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EOF/MAP Director

Status of Repayment