



Los Angeles Community College District  
CalWORKs Program

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • WEST • TRADE-TECH • VALLEY • WEST



**ANCILLARY REQUEST FORM**

This form is to request textbooks/materials above standard payment from GAIN.

Semester: \_\_\_\_\_ Year \_\_\_\_\_ Student ID #: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Major: \_\_\_\_\_ Case #: \_\_\_\_\_

Name: \_\_\_\_\_ *Last* \_\_\_\_\_ *MI* \_\_\_\_\_ *First* \_\_\_\_\_

Address: \_\_\_\_\_ *Street* \_\_\_\_\_ *Apt#* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ LACCD Student Email: \_\_\_\_\_

Name of GAIN Service Worker (GSW): \_\_\_\_\_ GSW File #: \_\_\_\_\_

GAIN Office Location: \_\_\_\_\_ GSW Phone Number: \_\_\_\_\_

Primary Campus: \_\_\_\_\_ Secondary Campus: \_\_\_\_\_

Are you receiving textbook/materials grant from EOPS/other grants? YES NO If YES, amount? \$ \_\_\_\_\_

**GUIDELINE ACKNOWLEDGEMENT AGREEMENT**

PLEASE READ CAREFULLY AND INDICATE YOUR INITIAL TO ACKNOWLEDGE THAT YOU UNDERSTAND THE FOLLOWING:

\_\_\_\_\_ You must be an active participant with the LACCD CalWORKs/GAIN Program and in good standing with the College and the Los Angeles County CalWORKs/GAIN Programs.

\_\_\_\_\_ You must notify our office if you drop/withdraw from any of your courses. You may be asked to repay any overpayment for ancillaries. If you are aving a textbook grant from EOPS, this amount will be reduced in the request. For textbook requests above your standard payment, you may be asked to provide supporting documents such as syllabus, note from your instructor, and or receipts.

\_\_\_\_\_ **You must provide receipts for anything above the advanced standard payment issued to you.**

\_\_\_\_\_ **IMPORTANT:** If you have not received your funds for books and supplies within 10 days of submitting your request, contact your GSW.

My signature below indicates that I understand these guidelines, acknowledge that this form is completed to the best of my knowledge, and agree that the items indicated are required for my courses.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**LACCD MISSION:**

The mission of the Los Angeles Community College district is to provide our students with an excellent education that prepares them to transfer to four-year institution, successfully complete workforce development programs designed to meet local and statewide need, and pursue opportunities for lifelong learning and civic engagement.

