

# Work for



# Your Book Assistance Program

## Requirement Checklist

### CSN Student ID

(If you are submitting your application before the award date you will be expected to pay for your Student ID when they become available)

### Completed Application

Read through the entire packet.

### Proof of Current Enrollment

This is a class schedule printed showing your 2016 class schedule. The schedule must have a print-date no greater than 30 days prior to turning in. Example, It is February 1st, the schedule cannot be older than February 1st.

### Proof of minimum G.P.A. greater than 2.2.

Your G.P.A. is shown on an **unofficial transcript** that you can obtain from Registration or by logging in to your MyCSN and printing it from there. If this is your first semester as a recent high school graduate or non-traditional student, you must provide a document showing the required G.P.A. from your High School or Vocational/Trade school.

If you have any questions, please call 562-861-1111.

# ASCSN/Cipriano Chavez Work for Your Book Assistance Program PART-TIME Application/Agreement

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

NSHE ID: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Semester: Fall / Spring Year: \_\_\_\_\_

Is this your first semester at the CSN: Yes No

## Part-time Eligibility

In order to qualify for an ASCSN/Cipriano Chavez Work for Your Book Assistance Program Voucher, the applicant may not be receiving any form of financial assistance or a book grant from any other agency to receive priority eligibility. After the priority eligibility period concludes, applications are accepted for students receiving financial aid depending on available funds. The student must provide a *current CSN Student Photo I.D., proof of current enrollment in at least 6-11 units*, and have a *minimum grade point average of 2.2*. (From high school, CSN or a post-secondary institution).

## Repayment Plan

The participant agrees to render ten (10) hours of service to the college satisfactorily completed by the ninth (9) week of the semester as repayment for the \$100.00 book voucher. The Associated Student Government will assign the student to a designated working area. **If the student does not complete the ten hours of service, he/she will be required to repay the amount of the book voucher with an additional \$25.00 fine and must return to ASCSN all books purchased with the ASCSN/Cipriano Chavez Work for Your Book Assistance Program Voucher. (A hold will be placed on your student record unless all requirements/conditions have been met.)**

**Initial Here**

**Initial Here**

I hereby certify that I have read and understand the information above. Furthermore, I understand that if the information submitted on this form is in any way inaccurate, the ASCSN/Cipriano Chavez Work for Your Book Assistance Program Application/Agreement will be denied. In addition, I give permission to the Department of Student Life to verify my financial aid status at the College of Southern Nevada.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<u>Course Name &amp; Number</u>	<u>Instructor</u>	<u>Units</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

\*\*if additional space is needed, please use the reverse.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Director, Student Life and Leadership Development

<b>**FOR OFFICE USE ONLY** **FOR OFFICE USE ONLY** **FOR OFFICE USE ONLY**</b>		
GPA: _____	Financial Aid: DNA   AE   ANE   CP   INC	Units: _____
I.D. Fee: _____ Pending: _____ / Reason: _____		