



**Los Medanos College Foundation Student Emergency Aid Program  
HOSTS - Helping Our Student To Succeed – Funds**

**Student Referral Form**

Eligibility for HOSTS:

- Continuing LMC student
- Currently enrolled in at least six (6) units
- Minimum G.P.A. 2.0

Funds can only be apply towards the cost of books, supplies, tuition fees and/or emergency life events such as childcare, food, rent, or transportation. This is a one-time grant up to \$500 and students must use funds while at LMC.

STUDENT NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

STUDENT PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

AMOUNT OF REQUEST: \_\_\_\_\_

1) Why do you feel this student might benefit from HOSTS (i.e. single parent, veteran, student currently not eligible for financial aid, student missed scholarship deadlines)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) How long and in what capacity have you known with this student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Include any additional information that have not been address and that you feel would be important for us to be aware of to help make our decision. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referrals Name: _____
Job Position at LMC: _____
Referrals Phone #: _____
Referrals Signature: _____
Date: _____

**Please email the completed form to: [Foundation@losmedanos.edu](mailto:Foundation@losmedanos.edu)**

For further questions, please contact Leetha Robertson, Foundation Manager (Interim) at [lrobertson@losmedanos.edu](mailto:lrobertson@losmedanos.edu), (925) 473-7315.

***HOSTS is made possible by the generous contributions of corporations, foundations, and individual donors.***

Office of Financial Aid – Internal Use
<input type="checkbox"/> Enrollment Status _____
<input type="checkbox"/> GPA _____
<input type="checkbox"/> Financial aid/Scholarship status _____
Additional notes: _____
_____