St. Louis Community College

AMERICORPS FUNDED STUDENT FORM
2025-2026

ID # **A** | | | | | | |

Name _____

Campus_____ Semester_____

Student is requesting funds from AmeriCorps to pay for the following:
(Documentation / Receipt Required)

Fund Type	Amount	
Tuition	$	
Books	$	
Transportation (Bus/Gasoline)	$	
Computer/Software	$	
Total	$	

_____   _____

(Requested by)   (Date)

OFFICE USE ONLY

_____

(FA Administrator Name – Print)

_____   _____

(FA Administrator Signature)   (Date Received)

Please fax this form along with student's award payment request to Student Accounts @ 314-539-5409