



LCCC Homeland Security (HSEC) Program Student Tuition Assistance Program (STAP) Reimbursement Request

Student Name			
Social Security Number or Student ID Number			
Phone Number			
E-mail			
Mailing Address			
City		State	ZIP
	I am requesting HSEC tuition reimbursement for the follow	ing Homoland Soci	urity Course:
Course Name		Semester Fall Year	
		☐ Sprin	
Cou	irse Number	Sumn	ner
Total Amount Requested: \$ *** Completed Request must be received by the LCCC Program Manager no later than the posted deadline.			
	certify that I have met all the WOHS/STAP program requirements, that this request is for HSEC course tuition, and hat I have not received duplicate financial assistance for these tuition costs.		
Student Signature		Date of Request	
	HSEC PROGRAM CERTIFICATION: I certify that the student signing this request has met all the WOHS/STAP program requirements and has successfully completed the Experimental Service Hour Requirement.		
Homeland Security Program Manager Signature		Date	
COLLEGE CERTIFICATION:			
	I certify that the student signing this request has not received any duplicate funding for this tuition expense though the financial aid office for the HSEC course shown on this application.		
	Financial Aid Representative Signature	Γ	Date