

# Carl D. Perkins Application for Continued Service

Select support services requested:

Child Care

Transportation

Textbooks

Name \_\_\_\_\_

Semester/Year \_\_\_\_\_

Student ID# \_\_\_\_\_

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Check **YES** or **NO** on the following categories:

**YES** **NO**

Homeless Individual

Youth who is or has aged out of foster care system

Youth with a parent who is a member of the armed forces and is on active duty

