



JATRAS
HEALTH PROFESSIONS SUPPLIES; EQUIPMENT;
TESTS; LICENSES & FEES SCHOLARSHIP
 Referral Form to be completed by Faculty/Instructor or Dept Chair

The scholarship is available to any student enrolled and accepted into a PCC Health Professions program
 - Priority given to 2 yr students. Deadline to submit is census date for each semester. All supplies/
 equipment to be purchased via PCC Bookstore. Also covers Tests, Licenses and Fees.

Faculty/Instructor Name (first and last):		Phone:
Faculty/Instructor email address:		Program/Division:
Course Number:	Course Title:	

Student Name (first, middle, and last):	S#:
Student Phone Number or Email Address:	Expected date of PCC Graduation:

Requested Vendor:
Requested Vendor Web Address or Phone Number:
Alternate Vendor:
Alternate Vendor Web Address or Phone Number:

Please attach documents if appropriate.

ISBN#	Requested Title	Author	Price
If more than two titles are requested, please complete a separate form.		Subtotal	
		Shipping Charges <input type="checkbox"/> Expedited <input type="checkbox"/> Standard	
		Tax	\$
		Total	\$

See page 2 for approval.

JATRAS SUPPLIES AND EQUIPMENT SCHOLARSHIP
for Pueblo Community College Health Professions

Page 2

★Faculty/Instructor Approval

Is this student making satisfactory academic progress? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student accepted into a PCC two-year health program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the grade point average of the most recent term attended?
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Faculty/Instructor signature of approval

Date

★Department Chair Approval

Department Chair printed name

Department Chair signature of approval

Date

★Please submit complete and approved referral form to:

PCC Foundation 900 W Orman Ave. Pueblo, CO 81004(719) 544-0677

FOR PCC FOUNDATION OFFICE USE ONLY

OFFICIAL DATE STAMP:

RECEIVED BY: _____
(PCCF representative initials)

Final dollar amount awarded: \$ _____