# COMPUTER REQUEST FORM

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| **Applicant/Parent Name:** | | |
| **Phone Number:** | | |
| **Street Address:** | | |
| **City:** | **State:** | **County:** |
| **How long have you live here:** | | |
| **How many people in household:** | | |
| **Do you currently have a Cellphone:** | **Desktop:** | |
| **Laptop:** | **Tablet:** | |
| **Do you have internet access:** | | |
| **Education Level of Recipient:** | | |

**Brief description of how you will benefit from a FREE computer from TekConnect:**

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**\*Application MUST be received at the Gateway Office at RED ROCKS COMMUNITY COLLEGE Lakewood Campus RM2661 M-F 9am-4pm. Submission of application does NOT guarantee approval. Please use the back of this form if necessary. Be sure to include updated contact information.  Submit application to linda.agripino@rrcc.edu**