



APPLICATION FOR EMPLOYEES IN NEED EMERGENCY ASSISTANCE

Instructions:

1. Review Edmonds Community College Foundation Emergency Assistance application guidelines and requirements.
2. Provide a letter describing the nature of this emergency.
3. Complete and submit the application and all supporting documents to Michelle Cimaroli in the Foundation Office, located in Gateway 310.

Answer all questions and submit all necessary supporting documents. Incomplete applications will not be considered.

Date: _____ Email _____

Name _____ Work Phone # _____
First Middle Initial LAST

Street Address _____ Apartment # _____

City _____ State _____ Zip _____

Employee ID # _____ Department _____ Position _____

Employee classification Classified Full-time or Part-time
 Exempt Full-time Faculty Part-time Faculty Hourly

Hire date _____ Have you applied for EINEF funds previously? Yes No If yes, date _____

Monthly gross income _____

Amount requested _____

What would be the consequences of not meeting this need?

- Eviction notice received/loss of housing No transportation for work
 Account submitted to collections Power shut off
 Other _____

AMOUNT REQUESTED	CHECK PAYABLE TO
\$	
\$	
\$	

*****WE DO NOT MAKE CHECKS PAYABLE TO EMPLOYEES*****

Complete the budget form included with this application and submit with all required supplemental documentation to Michelle Cimaroli/Foundation

I understand that the information I have provided is true and correct to the best of my knowledge. I give the selection committee and EdCC Foundation consent to review my application and supporting documentation.

EMPLOYEE SIGNATURE _____ DATE _____

APPLICATION REQUIREMENTS AND DETAILS CAN BE FOUND ON THE EMPLOYEE IN NEED EMERGENCY ASSISTANCE APPLICATION REQUIREMENTS SHEET

Revised 11.14.2016

Edmonds Community College does not discriminate on the basis of race; color; religion; national origin; sex; disability; sexual orientation; age; citizenship, marital, or veteran status; or genetic information in its programs and activities.



Supporting access, success, and excellence for students, faculty, and staff at Edmonds Community College.

This budget form is to help us better understand your situation.

Emergency Assistance Application
Budget Form

MONTHLY INCOME – Excluding Educational Income

Wages and Other Earnings	\$
Child Support Received	\$
Government Assistance Unemployment, Social security, Welfare benefits	\$
Veterans Benefits	\$
Other (please specify)	\$
TOTAL MONTHLY INCOME	\$

MONTHLY EXPENSES – Excluding Educational Expenses

Housing Mortgage/rent, etc.	\$
Utilities	\$
Food	\$
Childcare	\$
Transportation Car loan payment, Gas, Bus pass, etc.	\$
Incidentals	\$
Other (please specify)	\$
TOTAL MONTHLY EXPENSES	\$

Approved by Emergency Fund Committee: Yes No

Emergency Fund Committee Representative Name

Signature

Date

Approved by EdCC Foundation Executive Director: Yes No

Emergency Fund Committee Representative Name

Signature

Date