



APPLICATION FOR EMERGENCY ASSISTANCE

Instructions:

1. Review Edmonds Community College Foundation Emergency Assistance application guidelines and requirements.
2. Complete and submit the application and all supporting documents to Student Services, Lynnwood Hall.

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

Date: _____ Student ID# _____ Edmail _____

Name _____ Phone # _____

Street Address _____ Apartment # _____

City _____ State _____ Zip _____

What is your current Major at EdCC? _____

Cumulative GPA _____ # of credits enrolled _____ Credits Completed _____

Expected Graduation date _____ Are you an international student? Yes No

Are you a veteran or eligible dependent/spouse of a veteran? Yes No

If yes: Branch of Service _____ Have you submitted your DD214, member 4 form to Enrollment Services or the Veterans Resource Center? Yes No If not, please attach to this application.

Are you employed? Yes No If yes: Employer _____ Phone _____

Hours worked each week _____ Net weekly pay _____

Do you receive any of the following financial aid?

Emergency Fund Assistance in the past 12 months: Yes No GI Benefits Yes No

Unemployment Benefits: Yes No If yes, ending date of benefits _____

State/Federal student financial aid: Yes No Have you submitted a FAFSA? Yes No If not, why? _____

DSHS Working Connections Childcare Subsidy Yes No If yes, what is your copay? _____

L&I Worker Retraining Yes No If yes, what is the benefit ending date? _____

Who told you about the EdCC Foundation Emergency Assistance Program? _____

AMOUNT REQUESTED	CHECK PAYABLE TO
\$	
\$	

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

Complete the budget form included with this application and submit with all required supplemental documentation to Student Services.

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. If awarded, I agree to provide a detailed "thank you" letter to the EdCC Foundation.

STUDENT SIGNATURE _____ **DATE** _____

**APPLICATION REQUIREMENTS AND DETAILS CAN BE FOUND ON THE EMERGENCY FUND APPLICATION REQUIREMENTS SHEET
Revised 5.24.2016**

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.

Emergency Assistance Application Budget Form

MONTHLY INCOME – Excluding Educational Income

Wages and Other Earnings	\$
Child Support Received	\$
Government Assistance Unemployment, Social security, Welfare benefits, Food Stamps; DO NOT include education grants & financial aid	\$
Veterans Benefits	\$
Other (please specify)	\$
TOTAL MONTHLY INCOME	\$

MONTHLY EXPENSES – Excluding Educational Expenses

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

EDUCATIONAL INCOME AND EXPENSES – For this Quarter Only

Grants and Financial Aid (Income) Federal, state & local grants, loans & financial aid, other scholarships	\$
Total School Expenses	\$

Approved by Emergency Fund Committee: Yes No

Emergency Fund Committee Representative Name

Signature

Date

Executive Director, Foundation

Signature

Date