

012019 Name: _____
ID#: _____

## SJECCD Student Emergency Needs Fund Screening Form

The SJECCD Student Emergency Needs Fund was established to provide a one-time immediate financial assistance award to students involved in a catastrophic or emergency situation involving circumstances which are sudden, unexpected and/or affect a students' ability to succeed. These unforeseen financial barriers can derail a student's entire semester.

Examples include, but are not limited to: unexpected medical expenses, a threat to one's safety, potential utility shut-off, housing emergencies, need for temporary housing, and car repair and transportation issues

### **Application:**

Applications are available with each Faculty Counselor, Office of Student Life, SparkPoint and the Foundation office. To be considered for funding, students will need to submit a completed application and supporting documents to the Office of Student Life. The Director of Student Development will review the application with the decision making committee. After a minimum of three people from the committee determine eligibility and approve, the Foundation will request to have a check cut based on funds available. From submission to approval, this process should take no more than three (3) business days. Students will be notified of the final decision via email. Checks will be available for pick-up from the Business Services Office.

### **Eligibility Criteria:**

1. These are one time funds with a maximum of \$500.00
2. Complete this screening form and application
3. Provide proof of enrollment of a minimum of six units
4. Provide documentation of stated emergency

**Additional Resources:** There are a variety of resources available to a student in an emergency situation. By completing this screening form we can ensure that each student is referred to the organization that will more likely provide them the necessary funding.

1. Are you currently receiving Federal Financial Aid?     Yes     No
2. Are you currently enrolled in and receiving cash aid from EOPS/CARE     Yes     No
3. Are you or your children currently on CalWORKs/TANF (receiving cash aid)?     Yes     No
4. Have you previously applied for a grant from the SJECCD Student Emergency Fund?     Yes     No  
If yes, did you receive any money in the form of a grant to you?     Yes     No

For Office Use Only:
Date Application Submitted _____
Staff Initials _____
Endorsed by _____

For Office Use Only:
Date Application Submitted _____
FND Exec. Initials _____
FND Endorsing Exec. _____

## SJECCD Student Emergency Needs Fund Application

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Campus of Primary Attendance \_\_\_\_\_

Units Currently Enrolled \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
(E-mail is the primary means of communication)

Current Street Address \_\_\_\_\_  
(Include City and Zip Code)

Permanent Street Address \_\_\_\_\_  
(Include City and Zip Code)

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

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Place a check next to any items with which you need emergency assistance:** The SJECCD Student Emergency Needs Fund was created to assist students who encounter *catastrophic, emergency and/or unforeseen situations* which jeopardize their ability to complete their program of study.

- Travel costs related to sudden death or illness in the immediate family
- Replacement of household or personal belongings due to fire, natural disaster or theft
- Unexpected child care expenditures
- Food and basic necessities
- Medical expenses
- Rent, utilities, and other essential household expenses
- Other

\*If other is selected, please describe emergency: \_\_\_\_\_

1. Description **IN DETAIL** of catastrophic/emergency event or situation: (Attach additional page if needed).

2. What would funding be used for? **Must include**, itemized description with prices, amounts, payment due dates and other pertinent information. (Please attach additional page(s) & documentation -- examples: "shut off" notices from utility companies, an itemized bill or estimate from a locksmith or car mechanic, a police report indicating stolen items that you need replaced, etc. ).

3. **\*\*Optional\*\*** you may choose to have a faculty member write a letter of recommendation or of support for you. It is not necessary, but if you think a member of the faculty might be able to help with this process please include a letter.

4. Do you have housing?  Yes  No.  Temporary or  Long-Term.

5. What is your marital status as of today?  Married  Single, divorced, or widowed

6. Do you have children who receive more than half of their support from you?  Yes  No

7. Do you have dependents other than your children/spouse who live with you and who receive more than half of their support from you?  Yes  No. If yes, who and how many?

8. If you answered "yes" above, are you the sole provider of income?  Yes  No

9. Are you currently employed  Yes  No. If yes, how many hours a week do you work? \_\_

10. Please list all campus and/or community involvements and other time commitments:

**11. Please attach a copy of your transcripts or any other official document that establishes you are a student currently enrolled in at least six units.**

12. Please provide any other information that you feel the committee should know (attach additional page(s) if necessary).

*Based on the information provided within this application the SJECCD Student Emergency Needs Fund Committee reserves the right to deny, partially fund, or fully fund the requested amount.*

Amount Requested: \$ \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_



## CERTIFICATION AND SIGNATURE

*Once you have filled out the application including appropriate documentation, please return it to the Office of Student Life.*

By signing this form you are certifying that all of the information reported is complete and correct. This gives authorization to the SJECCD Student Emergency Fund Committee and the Director of Student Development consent to communicate with any referenced faculty member, or any other student services or financial aid services program that you may or may not be eligible for. If necessary, you will be contacted for further information or asked to provide additional documentation. After the necessary members of the Student Emergency Fund Committee review the application, you will immediately be notified of the committee's decision.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Signature of Applicant*

For Office Use Only:

Date Application Submitted: \_\_\_\_\_

Application Approved

Approved Date: \_\_\_\_\_

Director of Student Development: \_\_\_\_\_

Foundation Endorsing Party: \_\_\_\_\_

Application Denied

Denial Reason: \_\_\_\_\_