



APPLICATION FOR STUDENT EMERGENCY NEEDS FUNDS Spring 2020



The SJECCD Foundation and San Jose City College are committed to supporting student success. In these unusual and unprecedented times, we recognize that students may face unexpected challenges in reaching their educational goals and require short-term financial support to achieve success. This one-time immediate financial assistance intends to provide emergency grants to help students meet urgent, basic needs such as food, housing, course materials, technology, healthcare and childcare. (Maximum amount of \$500.00)

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Student Name: _____ Student ID # : _____

Address: _____

(Include City and Zip Code)

Phone Number: _____

E-Mail Address: _____
E-mail is the primary means of communication

Indicate which campus you attend:

Do you receive Financial Aid?

Do you participate in EOP&S?

Amount Requested: \$ _____ **REPAYMENT IS NOT REQUIRED**

Please answer the following questions with a brief summary of your situation:

1. How has COVID 19 impacted your job/work status and/or your ability to learn/study?

2. How will this money help get you through this emergency?

3. Are there other circumstances of which the selection committee should be aware?

CERTIFICATION AND SIGNATURE

I acknowledge that the above information is accurate and understand that a committee will review it to determine my eligibility for emergency funding. I understand that I may be contacted if further information is needed. I am in need of this grant to provide for my basic needs and to continue my education.

Student's Signature:

Date:

Submit your completed form to SJCCemergencyfunds@sjcc.edu

For Office Use Only:

Financial Aid Recommendation: Approved Denied Amount Requested : _____

Reviewer Name: Amount Awarded: _____

Comments:

Date: