

# Student Emergency Assistance Fund Application



**OWENS**  
COMMUNITY COLLEGE

## Student Emergency Assistance Fund Application

Name \_\_\_\_\_

Student OCID # \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

Gift amount requested \$ \_\_\_\_\_ Academic Term of Application \_\_\_\_\_

Please describe the purpose of your request and provide supporting documentation or proof of an emergency situation:

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### CERTIFICATION OF ELIGIBILITY & UNDERSTANDING

- I am an enrolled student with at least six (6) semester hours at Owens Community College and maintain Satisfactory Academic Progress.
- I understand I can only receive emergency assistance one (1) time per academic career.
- I have completed at least six (6) semester hours at Owens with a grade of D or better or PNP, and I am a continuing student.
- I have a cumulative GPA of 2.0 or better. Pass/fail courses must have a grade of PNP.
- I am an eligible U.S. noncitizen or citizen. (Eligible noncitizens are defined as those individuals who would meet the citizenship requirement for federal financial aid eligibility).
- I am not a college employee or a student receiving a tuition waiver.
- I understand the maximum amount of assistance is \$500 with disbursement during the current term only.
- I understand that funds may not be used for services or items normally eligible for government and public funds but can include, for example, funds for housing and utilities (phone, heat, electricity and water), and medical services as well as other services.
- Checks will be made payable to the appropriate entity (i.e., landlord, utility).
- I understand the assistance does not have to be repaid as long as I use the funds as disclosed.
- I will register for Cash Course online at <http://cashcourse.org> and complete an assignment within two (2) weeks of receiving funds.
- I agree to notify Owens Community College of any changes in my address or schedule.

**I certify that the above statements are true and correct to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*The following information provided below and endorsed by my initials are to be used specifically for the following emergency fund assistance.*

Amount	Use of Funds	Date	Vendor Information (name, address, account no. phone no. fax)	Initials

**Office Use:**

Index	Account	Amount

Payable to:
Address:
Special Instructions:

Budget Authority Signature Date \_\_\_\_\_

Updated 05/2016