CCBC FOUNDATION

STUDENT EMERGENCY FUND APPLICATION

Thanks to the generosity of donors, the Student Emergency Fund was created to assist CCBC students who encounter an unforeseen financial emergency or catastrophic event that could prevent them from continuing their education at CCBC. These funds are not intended to be used for routine expenses or as a consistent supplement to a student's education funding sources. Requests must be urgent in nature.

Qualifying Examples

Consideration will be given to applicants who have experienced an unforeseen financial emergency and/or catastrophic event. Some examples include:

- Significant uncovered medical expenses related to self, spouse, or child
- Loss of housing due to natural disaster, fire, etc.
- Loss of transportation

Eligibility

- The student must have completed at least 12 credits at CCBC and be registered for at least 6 credits in the semester when the emergency funds would be applied.
- This funding may only be available during the semester the student is enrolled, and if the emergency occurs during the semester of application.
- The student must be able to demonstrate the current financial need with supporting documentation.
- The student must have a minimum 2.0 GPA and be in good standing.
- The student must have submitted the Free Application for Federal Student Aid (FAFSA) for the current academic year.

Award

• Students may not receive more than one award of \$500 in an academic year.

Application Process

- 1. Student completes the *Student Emergency Fund Application*. The application is available
 - online at CCBCFoundation.org/emergency-fund, or
 - by contacting the CCBC Foundation at 724-480-3561 or FoundationInfo@ccbc.edu.
- 2. Student submits the completed application to the Advancement Office. The application may be
 - submitted via the online form;
 - sent via email to FoundationInfo@ccbc.edu;
 - mailed to CCBC Foundation, 1 Campus Drive, Monaca, PA 15061, or
 - submitted in the CCBC Foundation Office, located in Building 2 the Community Education Center.
- 3. Student contacts a CCBC faculty member, staff member, or administrator to submit a recommendation on their behalf to <u>FoundationInfo@ccbc.edu</u>. The recommendation should describe the student's progress towards academic goals and/or financial need.
- 4. The CCBC Foundation will contact the proper campus offices to access the student's current transcript and Financial Aid information.
- 5. Requests will be reviewed and responded to within 5 business days from the date the complete application, including the employee recommendation, is received.

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Eligibility

I have completed at least 12 credits at CCBC	\Box Yes	🗆 No
I am registered for at least 6 credits for the semester in which I am requesting funds.	□ Yes	🗆 No
I have at least a 2.0 GPA at CCBC.	\Box Yes	🗆 No
I have submitted the Free Application for Federal Student Aid (FAFSA) for the current academic year.	□ Yes	🗆 No

If you answered yes to ALL questions above, you are eligible to apply. Please follow the application instructions listed below.

Application Instructions

- Complete Student Information and Student Financial Information sections of the application form.
- Have CCBC Faculty, Counselor, or other CCBC representative complete Recommendation Section.
- Attach documentation explaining circumstances.

Student Information

Name:	C	CCBC Student ID:	
Address:	_ City:		State/Zip:
Home Phone:	Cell Ph	10ne:	
Email Address:			

Please attach a separate piece of paper that includes a response to the following two questions.

- 1. Briefly describe your unforeseen financial emergency or catastrophic event and how these funds will help alleviate your circumstances. Itemize the specific needed (daycare, rent, utilities, etc.). Please describe how you will manage your future financial needs if continued funding is needed.
- 2. What is your ultimate educational goal and how will this aid help you achieve it? 500 word maximum

Amount Requested: \$_____

How will you use the funds? (Documentation must be provided)						
□Food		□Textbooks	□Technology	□Tuition	□Transportation	
Medical Expenses	Childcare	□Other:				

Student Financial Information						
Are you currently employed (cir	cle one)	Yes	No			
If yes, what is your monthly ear	rned income: \$			Employer Name:		
Marital Status:		_		Number of Dependents:		
		Yes	No	l don't know		
Estimated Cos	sts (per month)			Estimated Income	(per month)	
Rent/Mortgage	\$			Earnings of student	\$	
Food	\$			Earnings of spouse	\$	
Transportation	\$			Parent's contribution	\$	
Utilities	\$			Savings	\$	
Child Care	\$			Child Support received	\$	
Cell Phone	\$					
Cable/Internet	\$					
Other Expenses:				Other resources (Incl TANF, D	ARS, SSI)	
Expense:	\$			Resource:	\$	
Expense:	\$			Resource:	\$	
Total Expenses Per Month	:\$			Total Income Per Month:	\$	
I affirm that all information on this application is complete, true, and correct and that I am in need of these funds in order to continue my education at the Community College of Beaver County.						
Recommendation by CCBC Representative To be completed by a CCBC Faculty Member, Staff Member, Administrator, or Counselor.						
CCBC Representative Name:						
Please attach a statement describing the student's progress towards academic goals and/or financial need. Recommendation may alternatively be submitted via email to FoundationInfo@ccbc.edu.						
CCBC Representative Signature Date						
OFFICE USE ONLY						
Executive Director, CCBC Foundation						
Date						
Student Notified on			□R	□Request not unforeseen/catastrophic in nature		
Student Notified by			□c]Other:		