

**ORCA STUDENT SUCCESS FUND  
EMERGENCY FUND APPLICATION**  
Spring Quarter Application

***Incomplete applications will not be reviewed by committee***

**STUDENT INFORMATION**

Name (Last, First, MI): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Degree/Certificate Intent: \_\_\_\_\_ Date: \_\_\_\_\_

**Funding is limited to a maximum of two lifetime Emergency Fund Awards and requests for transportation assistance will be limited to a one time award. Due to limited funds, priority is given to first time awards. GPA of 2.0 or higher is required.**

Emergency Funding is requested for (please check all that apply):

- Tuition  Transportation (Max. of one-time award)  
 Childcare Year/Model: \_\_\_\_\_  
 Medical/Dental Registered owner:  Yes  No  
 Other (please specify)

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

Check boxes for steps completed. Attach all supporting documentation

- Step 1:** Complete Student Information Section (above) of this Application Form.  
 **Step 2:** Have you applied for Financial Aid (FAFSA)?  Yes  No  
If yes, please print and attach your current financial aid portal award  
 **Step 3:** Attach a copy of your current quarter class schedule and **all of your unofficial college transcripts**. You can find these by visiting MYWCC at 'Whatcom.edu' .  
 **Step 4:** Attach supporting documentation.

**Tuition:** Attach a copy of your WCC class schedule showing the amount of tuition paid.

**Childcare:** Attach copies of the childcare receipts showing the amount paid for all time period you are requesting the emergency funds for.

**Medical/Dental:** Attach a copy of the medical or dental bill showing the amount you are responsible for paying for.

**Transportation:** Attach a copy of the auto registration of vehicle owner and the bill showing the amount you paid. If the emergency amount requested is for an estimate of service, please attach a copy of the estimate showing the estimated amount you are responsible for paying.

**Housing:** Attach a copy of lease agreement.

**Other:** Attach copy of receipts or if request is for an estimate of service, please attach a copy of the estimate showing the estimated amount you are responsible for paying.

**Step 5:** Attach a typed 250 word or less detailed description of funding request, if you tried to locate other means of funding, and required documentation.

**Step 6:** Complete the section below:

**Total amount of emergency:** \$ \_\_\_\_\_  
**Total amount you can fund:** \$ \_\_\_\_\_  
**Total requested amount from Emergency Funds:** \$ \_\_\_\_\_

Have you been awarded an Emergency Fund Scholarship previously through WCC?

Yes  No

Are you a current Opportunity Grant recipient?

Yes  No

**Step 7:** Please print this form, sign and date, and return to WCC Financial Aid Office (LDC 135).

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**

**Office Use Only:**

Received: \_\_\_\_\_

Awarded: \_\_\_\_\_

Committee member signature: \_\_\_\_\_

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