

ORCA STUDENT SUCCESS FUND EMERGENCY FUND 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: _____