Student Emergency Assistance Grant (SEAG) Request for Funds

STUDENT INFORMATION
Name (Last, First, MI):_________________________________________________________
Student ID Number:___________________
Phone Number:_____________________ E-mail Address:____________________________

REQUEST INFORMATION
Amount Requested:___________________
Type of Need:
☐ Housing/Rent
☐ Gas
☐ Child-related
☐ Groceries/Meal/Nutrition
☐ Books
☐ Automobile
☐ Public Transportation
☐ Health/Dental-related
☐ Utilities
☐ Other:_______________

PERSONAL STATEMENT
*Please describe the emergency related to this request. Include any information that can help us understand why you are requesting SEAG funds:*

ADDITIONAL QUESTIONS
*How does this emergency impact your ability to complete this quarter of college?:*

Please fill out reverse
Do you foresee any factors OTHER than this emergency that may impact your ability to complete this quarter of college? Please explain:

Please circle which best describes your situation:

How likely are you to drop out or take a break from college at this point in time?

Extremely     Likely       Very Likely         Likely     Not Likely        Not at all Likely

If you were to receive SEAG funds, how likely are you to complete the current quarter?

Extremely     Likely       Very Likely         Likely     Not Likely        Not at all Likely

If you were to receive SEAG funds, how likely are you to enroll in this college next quarter?

Extremely     Likely       Very Likely         Likely     Not Likely        Not at all Likely

By signing this document, I commit to using the Student Emergency Assistance Grant (SEAG) for its intended purposes, outlined in this request. I also agree to allow college staff and/or staff from the State Board for Community and Technical Colleges to contact me to follow up on my progress after the application is submitted. I verify that all information provided in this application is true and verifiable.

______________________________  _________________
Student signature        Date

Office Use Only:

Received:________
Awarded:________

Committee member signature:_________________________   Date:______________