

STUDENT INFORMATION

Name (Last, First, MI): _____

Student ID Number: _____

Phone Number: _____ E-mail Address: _____

REQUEST INFORMATION

Amount Requested: _____

Type of Need:

Housing/Rent

Automobile

Gas

Public Transportation

Child-related

Health/Dental-related

Groceries/Meal/Nutrition

Utilities

Books

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

PLEASE PRINT THIS FORM, SIGN AND DATE, AND SUBMIT ELECTRONICALLY OR RETURN IN PERSON TO WCC FINANCIAL AID OFFICE (LDC 135)

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: _____