

# GRCC *Student Emergency Assistance Application*

## The Program

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The Student Emergency Assistance Fund was established by employees at Grand Rapids Community College to provide assistance to students at risk of not continuing their education due to unexpected financial dilemmas. GRCC employees made this personal commitment to support this opportunity for students to be successful.

## Eligibility

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Applicants to this program must meet the following criteria:

- Applicants must be actively enrolled and attending class
- Demonstrate "emergency" financial need
- Making successful academic progress
- Must complete the federal financial aid application process
- May not have been a recipient of this fund in the last 12 months
- May not be receiving maximum financial aid assistance already

## Application Process

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Interested students must complete the application and attach supporting documentation. Please answer all questions as completely as possible, as applications are evaluated on information supplied. You will also be required to interview with a member of the Dean of Student Affairs Office or Financial Aid Office.

## Payments

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If approved for funding, payment process will be determined by the college on a case-by-case basis. In most cases, award payments will be available within 3-5 business days. Students may be eligible for a maximum grant of up to \$500. The student will be notified when a check is available for pick-up in the cashier's office (open Monday-Thursday, 8 a.m.-6 p.m.; Friday, 8 a.m.-5 p.m.).

## Obligations

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Recipients agree to provide documentation that GRCC Employee Student Aid funds were applied to the emergency expense indicated on the application.

## Additional Information

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Submit application materials to:	Dean of Student Affairs Office 347 Student Center Ph: (616) 234-3925 Fax: (616) 234-3628 Web site: <a href="http://www.grcc.edu/financialaid">www.grcc.edu/financialaid</a>	OR	Financial Aid Office 156 Main Building Ph: (616) 234-4030 Fax: (616) 234-4091
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# GRCC *Student Emergency Assistance Application*

## Applicant Data

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Student ID Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Employment Status:  Full-time  Part-time  Not-employed

## Current College Data

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Enrollment Status:  Full-time student  Part-time student

Credits Earned to date: \_\_\_\_\_ Credits Currently Enrolled in: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Program of Study/Major: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

Degree Seeking:  Associate Degree  Certificate  Non Credit  Other: \_\_\_\_\_

## Goals and Aspirations

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What are your plans as they relate to your future educational goals and aspirations at Grand Rapids Community College?

- Strengthen skills
- Earn college credits and transfer to another college to earn a degree
- Graduate from college/enter workforce
- Graduate from college/seek higher degree
- Other, please briefly explain: \_\_\_\_\_

## Assistance Request

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Please select the category for which you are requesting emergency funds.

- |   |   |
|---|---|
| <input type="checkbox"/> Utilities                            | <input type="checkbox"/> Personal automobile expense    |
| <input type="checkbox"/> Housing/Rent                         | <input type="checkbox"/> Public transportation/Bus pass |
| <input type="checkbox"/> Food/Meals                           | <input type="checkbox"/> Child care                     |
| <input type="checkbox"/> Medical/Dental expenses              | <input type="checkbox"/> Gas                            |
| <input type="checkbox"/> Other, please briefly explain: _____ |   |

Amount of funds requested: \$ \_\_\_\_\_ (maximum grant of \$500)

Have you previously applied for GRCC Employee Student Aid funds?  Yes  No

Have you previously received GRCC Employee Student Aid funds?  Yes  No

## Financial Information

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Have you completed the Free Application for Federal Student Aid (FAFSA) for the current academic year?  
 Yes  No (If no, please see the Financial Aid Office. This application will not be considered until the FAFSA has been completed.)

Are you currently receiving any other scholarships or financial aid?  Yes  No

If yes, please list them: \_\_\_\_\_

*\* This grant must be denied if you have already received maximum financial aid.*

## Mode of Communication

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How did you learn about this assistance program?

- |   |   |
|---|---|
| <input type="checkbox"/> Financial Aid Office   | <input type="checkbox"/> Professor/Staff Member         |
| <input type="checkbox"/> Student Affairs Office | <input type="checkbox"/> Classmate                      |
| <input type="checkbox"/> Web site               | <input type="checkbox"/> Other, please briefly explain: |

## Application Checklist

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This application will be reviewed after you have completed the following steps:

1. Submit application form
2. Submit supporting documentation
3. Complete the federal financial aid application process

## Certification

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I hereby certify the information provided is complete and accurate to the best of my knowledge. As a condition of receipt of the GRCC Employee Student Aid Fund, I agree to supply Grand Rapids Community College with documentation of need prior to payment. If documentation is not available prior to payment, I agree to supply Grand Rapids Community College with a receipt detailing that assistance was applied as intended. If I receive this grant, I understand that my financial aid awards may be affected.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Loan Alternative

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The College offers a Student Emergency Loan to students who demonstrate an emergency need, but are not eligible for emergency grant money. Full-time students are eligible for up to \$500 and part-time students up to \$250. The loan must be repaid in full to the College prior to the last day of the current semester. A hold will be placed on the student account until it is paid, making a student ineligible to register for future semester classes until payment is received.

If you are denied the Student Emergency Assistance grant, would you like to be considered for our Student Emergency Loan program?  Yes  No

If so, please sign below indicating you understand you must repay this loan by the last day of the current semester.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GRCC Student Emergency Assistance Budget Worksheet

**MONTHLY INCOME** \$ \_\_\_\_\_

## EXPENSES

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### Food

Groceries \$ \_\_\_\_\_

### Utilities

Electric \$ \_\_\_\_\_

Gas/Heat \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

Internet \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

Water/Sewer/Garbage \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

### Housing

Mortgage/Rent \$ \_\_\_\_\_

Insurance and taxes \$ \_\_\_\_\_

### Miscellaneous

Childcare/Child support \$ \_\_\_\_\_

Insurance (health, dental, life) \$ \_\_\_\_\_

### Entertainment

Dining out \$ \_\_\_\_\_

Clubs \$ \_\_\_\_\_

Movies \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

### Transportation

Loan payment \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

Bus Pass \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

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**DISCRETIONARY INCOME** \$ \_\_\_\_\_

*(Monthly Income – Expenses)*

# GRCC *Student Emergency Assistance Questionnaire*

What are the circumstances that brought you to apply for the GRCC Emergency Assistance Fund (explain your situation)?

Have you sought assistance elsewhere (family, friends, loan)?

Tell me about how you budget your monthly income and expenses? What will you do differently in the future if you receive this grant?

If you receive this funding, explain how this grant will allow you to continue on with your education and help you to be successful?