



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE

Student Emergency Aid Application

Student Name: _____ ID: _____

Campus: _____ Current number of registered credit hours: _____

Phone Number: _____ Email: _____

Eligibility Criteria:

Awards are at the discretion of the designated campus administrator. Students must at a minimum:

- Be making Satisfactory Academic Progress (SAP), and
- Be enrolled in and attending the current term.

SVCC Student Assistance cannot be awarded if the amount will create a financial aid over-award. Funds approved to assist with the student's SVCC bill.

Student Request for Assistance: _____ **Amount Requested: \$** _____

Apply to student's account

Prepare a refund for student

Please provide a brief, written explanation regarding the nature and extent of this request. Attach documentation when applicable. SVCC Student Assistance is limited and intended for emergencies; students should **NOT** expect to receive assistance more than once.

Student Agreement: By signing, I confirm that I am currently attending classes at SVCC and will use the grant in the manner intended.

Student Signature: _____ **Date** _____

College Use Only: Request Approved for \$ _____ Request Denied

Assistance Granted: Emergency Grant Book & Access

Signature: _____ **Date:** _____

Director of Financial Aid

Please submit the completed form/documentation to finaid@southside.edu.