**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.

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**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