THE PROGRAM
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 a personal commitment to support this opportunity for students to be successful. This fund is not intended to supplement financial aid awards or allow early access to financial aid refunds. Decisions are final.

ELIGIBILITY
Applicants to this program must meet the following criteria:

- Must be actively enrolled in the current semester and attending class
- Must have class participation confirmed by instructor(s)
- Must demonstrate “emergency” financial need
- Must be making successful academic progress
- Must complete the federal financial aid application process if eligible. (If ineligible to complete FAFSA due to citizenship or other issues, speak with a Financial Aid representative.)
- May not have been a recipient of this fund within the last 12 months
- May not be receiving maximum financial aid already
- May not be on financial aid suspension
- May not owe money to the college

APPLICATION PROCESS
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. After your application is received, staff will verify class participation and attendance, check financial aid eligibility and review documentation. Once a decision has been made, applicants will be notified by phone and/or email.

PAYMENTS
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 after approval. Students may be eligible for a maximum grant of up to $500/full time students and $250/part time students. The student will be notified when a check is available for pick up in the Cashier’s Office (open Monday through Thursday from 8:00 a.m.-6:00 p.m. and Friday from 8:00 a.m.-5:00 p.m.).

OBLIGATIONS
Upon request, recipients agree to provide documentation that GRCC Employee Student Emergency Assistance funds were applied to the emergency expense indicated on the application.

ADDITIONAL INFORMATION
Submit application and supporting documentation to: Office of Assoc. Dean of Enrollment Management & Financial Aid
106 Main Building
Phone: (616) 234-4101
Fax: (616) 234-3628

RETAIN THIS SHEET FOR YOUR RECORDS
APPLICATION PROCESS
Student ID Number ___________________________ Today’s Date ________________

Last Name ___________________________ First Name ___________________________ Middle Initial ______________

Mailing Address __________________________________ Apt. # ________________
City __________________________________ State ________________ Zip Code ________________

Home Phone (_____) ___________________________ Cell Phone (_____) ___________________________

Email Address __________________________________

Employment Status: ____ Full-time ____ Part-time ____ Not Employed (If so, date of last employment ________________)

Are you a US veteran and your GI funds have been delayed? ____ Yes ____ No
If so, have you been in contact with our Veterans Representative? ____ Yes ____ No

CURRENT COLLEGE DATA
Enrollment Status ____ Full-time ____ Part-time
Credits earned to date ________ Credits currently enrolled in ________ Cumulative GPA ________
Program of Study/Major __________________________ Anticipated completion date ________
Degree Seeking ____ Associate Degree ____ Certificate ____ Non-Credit ____ Job Training

MODE OF COMMUNICATION
How did you learn about this assistance program?

____ Financial Aid Office ____ Student Affairs Office ____ Website
____ Professor/Staff Member ____ Classmate ____ Other: ________________________________

ASSISTANCE REQUEST
Amount of funds requested $ _____________ (Max $500 for full-time and $250 for part-time)
Have you previously applied for this Fund? ____ Yes ____ No Date of previous application ________
Have you previously received GRCC Emergency Assistance? ____ Yes* ____ No
*If you have received funds from this program in the last twelve months, your request will be denied.

If submitting this request for textbooks, please see the Financial Aid Office prior to submitting application.

Financial Aid Staff Notes:

________________________________________

________________________________________

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FINANCIAL INFORMATION
Have you completed the Free Application for Federal Student Aid (FASFA) for the current academic year?

Yes  ____  No  ____  If no, please see the Financial Aid Office.

Are you currently receiving any other scholarships or financial aid?  ____  Yes  ____  No
If yes, please list them: ____________________________________________________________

This grant will be denied if you have already received maximum financial aid.

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

1. Submit the application form
2. Submit supporting documentation
3. Complete the federal financial aid application process or meet with a financial aid representative

CERTIFICATION
I hereby certify the information provided is complete and accurate to the best of my knowledge. As a condition of receipt of the GRCC Student Emergency Assistance Fund, I agree to supply Grand Rapids Community College with documentation of need prior to payment. If I receive any funds from this program, I understand that my financial aid awards may be affected.

Applicant’s Signature: ____________________________ Date: __________

EMERGENCY LOAN ALTERNATIVE
In some circumstances, the College may offer 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 are eligible for 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 in full, making the 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

Please sign below indicating that you understand you must repay this loan by the last day of the current semester.

Applicant’s Signature: ____________________________ Date: __________
# Student Emergency Assistance Application

**MONTHLY INCOME:**

$ ________________

<table>
<thead>
<tr>
<th><strong>MONTHLY EXPENSES:</strong></th>
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<tbody>
<tr>
<td><strong>Food/ Groceries</strong></td>
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<tr>
<td><strong>UTILITIES</strong></td>
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<tr>
<td>Electric</td>
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<td>Gas/Heat</td>
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<td>Phone</td>
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<td>Cable</td>
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<td>Internet</td>
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<td>Cell Phone</td>
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<tr>
<td>Water/Sewer/Garbage</td>
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<tr>
<td>Other: _______________</td>
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<tr>
<td><strong>HOUSING:</strong></td>
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<tr>
<td>Mortgage/Rent</td>
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<tr>
<td>Insurance/Taxes</td>
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<tr>
<td><strong>MISCELLANEOUS:</strong></td>
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<td>Childcare/Child Support</td>
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<tr>
<td>Insurance (health, dental)</td>
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<td><strong>ENTERTAINMENT:</strong></td>
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<td>Dining Out</td>
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<td>Clubs</td>
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<td>Movies</td>
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<tr>
<td>Other: _______________</td>
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<td><strong>TRANSPORTATION:</strong></td>
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<td>Loan payment</td>
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<tr>
<td>Insurance</td>
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<td>Gas</td>
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<td>Maintenance</td>
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<td>Bus Pass</td>
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<tr>
<td><strong>TOTAL EXPENSES:</strong></td>
</tr>
</tbody>
</table>

MONTHLY INCOME:

$ ________________

Less TOTAL EXPENSES:

$ ________________

Equals DISCRETIONARY INCOME:

$ ________________
If approved, how will you use these funds (attach supporting documentation)?

How do your current circumstances put you at risk of not being able to continue attending classes (explain your situation)?

When did this emergency occur?

Have you sought assistance elsewhere? From where/whom?

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