

# SHORELINE COMMUNITY COLLEGE FOUNDATION

## General Application for Assistance

Complete this application and **return it to the Foundation Office** to be considered for assistance.

16101 Greenwood Ave. N – room 1005, Seattle, WA 98133

Phone 206-533-6783 / 206 546-4755

FAX (206)546-4630

**PLEASE PRINT OR TYPE INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: day cell evening \_\_\_\_\_

PHONE: day cell evening \_\_\_\_\_

Email address: \_\_\_\_\_

Student number: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Are you a WA State resident? \_\_\_\_\_ Last previous quarter attended at SCC: \_\_\_\_\_

Quarter of Registration: Fall Winter Spring Summer 20\_\_\_\_

Have you applied for Financial Aid? Yes No Approximate date of application: \_\_\_\_\_

Have you received your award letter: Yes No Amount of financial aid you are expecting: \_\_\_\_\_

Are you enrolled in any of the following programs: Worker Retraining Work First: CEO:  
Opportunity Grant Basic Food Employment and Training Running Start

Do you currently have a degree? \_\_\_\_\_

Major field of study: \_\_\_\_\_ GPA: \_\_\_\_\_

**Please explain in detail the amount of assistance you need, why you need it, and what positive results will happen if you are granted assistance.** Attach your past class history and documentaion of your financial aid award and/or verification of aid or denial of aid for the present academic year. ***You must submit a current print out of your schedule.*** A copy of your latest filing of IRS Income verification may be requested.

**Attach additional pages if necessary to explain your story.**

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I acknowledge that the above statement is true and correct. I also give permission for the SCC Foundation to seek verification of the accuracy of any and all submitted information and documents. I also give permission to verify my student status and for the SCC Foundation to obtain information from any program, department, and offices affiliated with Shoreline Community College as it relates to my request for assistance.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:** STUDENT NAME: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Assistance Summary:  
Tuition: \_\_\_\_\_ Books: \_\_\_\_\_  
Fees: \_\_\_\_\_ Parking: \_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fund to charge: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand and agree that any changes made to my schedule, including, but not limited to: adding, dropping and or canceling of courses; may affect my scholarship/grant and/or loan with Shoreline Community College Foundation. I understand and agree that if payment is due and not made to the SCC Foundation by the due date indicated below; that the total amount may become due immediately and I will be held responsible for the entire amount due. If payment is not made as agreed to, the Shoreline Community College Foundation has the right to withdraw any and or all scholarship/grant and/or loan awarded and full payment may be due immediately. If payment is not received and account is turned over to a collection agency, I understand and agree that I will be held responsible for any and all reasonable collection costs. If suit or legal action is filed, I understand and agree that I will be held responsible for any and all reasonable attorney's fees.*

*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

I agree to re-pay the Foundation the **amount** of \$\_\_\_\_\_ in FULL by (date)\_\_\_\_\_.  
~ or ~ Payments will be made as indicated on the following schedule.

**Payment Amount/Date Due**

_____	_____
_____	_____
_____	_____

**I understand that if I do not re-pay this loan on the agreed schedule, that the Shoreline Community College Foundation may take whatever reasonable steps necessary to collect the payment due. I understand that failing to complete the quarter and/or class does not exempt me from repaying this loan.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Foundation Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BUDGET WORKSHEET

Name \_\_\_\_\_ Student # \_\_\_\_\_ Date \_\_\_\_\_

INCOME AND OTHER RESOURCES	MONTHLY AMOUNT	ESTIMATED EXPENSES	MONTHLY AMOUNT
<b>FAMILY INCOME</b>		<b>HOUSING AND FOOD</b>	
Student's Net Income		Rent/Mortgage	
Other income		Utilities	
Assistance from others		Telephone/Cell Phone	
		Cable/Internet	
		Food	
<b>OTHER RESOURCES</b>			
(Federal Financial Aid in separate section)			
Public Assistance		<b>PERSONAL</b>	
Food Stamps		Clothing	
Veteran's benefits		Entertainment	
Social Security		Medical/Dental	
Unemployment		Child Care	
Alimony		Personal misc	
Child Support		Credit Card(s)	
DVR			
		<b>TRANSPORTATION</b>	
Other		Bus	
		Car	
		Gas	
		Maintenance	
		Insurance	
		Payment	
		Parking Permit	
		<b>OTHER</b>	
<b>TOTAL MONTHLY INCOME</b>	A) \$	<b>TOTAL MONTHLY EXPENSES</b>	E) \$
<b>QUARTERLY INCOME</b>	B) \$	<b>QUARTERLY EXPENSES</b>	F) \$
(3 months A x 3)		(3 months E X 3)	
<b>FINANCIAL AID</b>	<b>Quarterly Amount</b>	<b>EDUCATION EXPENSES</b>	<b>Quarterly Amount</b>
Grants		Tuition & Fees	
Scholarships		Books	
Work Study		Supplies	
Worker Retraining		Testing Fees	
FSET		Other	
Loans			
<b>Total Financial Aid</b>	C) \$	<b>Total Education Expenses</b>	G) \$
Savings	D) \$		
<b>TOTAL QUARTERLY INCOME</b>		<b>TOTAL QUARTERLY EXPENSES</b>	
(B + C + D)		(F + G)	