

Shoreline Community College
FOUNDATION

Veterans' Emergency Assistance Fund

This fund provides financial assistance in a time of need to SCC Veteran Students which might otherwise prevent disruption of their continued studies at Shoreline Community College. Award can be used toward SCC tuition and/or fees, textbooks and required course materials, or other educational need. Award may also be to assist needs related to food, utilities, shelter and/or transportation.

This award has no cash exchange value and is non-transferable.

Eligibility criteria:

- Be a full or part time SCC student
- Be a US Military Veteran or current Military (Those with dishonorable discharges are not eligible)
- Be an ongoing SCC student having completed a minimum of at least one quarter at SCC
- Have a minimum SCC GPA of 2.0, or display positive academic progress
- Be in good standing with SCC
- Have met with the SCC Veterans' Program Coordinator
- Have submitted or are in the process of submitting a Federal Financial Aid Application (FAFSA)
- Complete and submit a budget worksheet (attached) with application

Determination of award and notification of applicant:

- Awards will be made at the discretion of the SCC Director of Special Service in consultation with the SCC Veterans' Program Coordinator.
- The applicant will be notified of the decision within a week of the application being submitted, if submitted during an academic session. Breaks during winter, spring and summer do not count as part of the one-week notification time.

To apply:

Submit completed application and necessary documents to the SCC Veterans' Program Coordinator:

Missy Anderson
SCC FOSS Building – room 5226
Michelle.Anderson@shoreline.edu
(206) 546-4645

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NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: day cell evening (please circle) _____

PHONE: day cell evening (please circle) _____

Email address: _____

Student number: _____ Cumulative SCC GPA: _____

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

Do you currently have a degree? _____

Are you receiving VA Benefits? Yes No

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 a print out of your current class schedule. Attach additional pages if necessary to explain your story.

I acknowledge that the above statement is true and correct. I also give permission for the SCC Office of Special Services and 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 Office of Special Services and SCC Foundation to obtain information from any program, department, and offices affiliated with Shoreline Community College as it relates to my request for assistance. I understand that scholarships and grants may possibly affect need based aid awarded by the College.

Signature _____

Date: _____

Veterans' Emergency Assistance Fund

FOR OFFICE USE ONLY: STUDENT NAME: _____

Interviewer: _____ Date: _____

Assistance Summary:

Tuition: _____ Books: _____

Fees: _____ Parking: _____

Other: _____

OSS Director: Approval Rejection Amount \$ _____ Signature _____ Date _____

Received in Foundation Office : _____ Date _____

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