

## ***Application for Emergency Assistance Instructions***

### **Purpose:**

This program is to help continuing, ongoing students who are experiencing a short-term emergency financial situation that may impact their ability to continue their education at Shoreline Community College. An emergency is:

1. An event or occurrence that is short-term, unexpected, and cannot be planned for **AND**
2. Would prevent the student from completing their program at Shoreline Community College **AND**
3. The emergency support would be impactful in resolving the situation

### **Qualifications:**

You must meet ALL of the following qualifications to be eligible for this support.

1. Cannot be in your first quarter at Shoreline CC
2. Must be currently taking classes at Shoreline CC
3. Must have a cumulative GPA of 2.0 or higher for college level classes
4. Must have completed at least 75% of all credits you have registered for since starting at Shoreline CC
5. Be in a degree seeking program (working towards either an associate degree or program certification)
6. Be in good standing with the college
7. Be in good standing with financial aid
  - a. Applied for financial aid at Shoreline CC for the current year/quarter
  - b. Award has been made by the Shoreline CC financial aid office OR have documentation of being denied and the reason for denial
  - c. Accept grants and loans if made available to you
8. Be in an emergency situation as defined above
9. Have not received this emergency support grant or loan from the Foundation in the past

### **Processing Applications**

1. You submit a completed application with all required paperwork
2. Interview with the Foundation to review the application and discuss the situation
3. Your status will be verified through financial aid
4. Application and interview notes will be submitted to the committee for review; the committee will: (1) approve the award; (2) request additional information or paperwork; or (3) deny the award
5. Email you to notify you of your award status in 3-5 business days after receipt of the completed application

### **IMPORTANT:**

- Once you have received general emergency support, you cannot apply for or receive this support again either as a grant or a loan; it does not automatically disqualify you from receiving other kinds of Foundation support
- Qualifying and applying for this grant/loan does not guarantee that the award will be approved
- The Foundation may contact your teachers for the current quarter to verify how you are performing in class when determining whether or not to award funds
- This application is open **ONLY** when school is in session and when funds are available
- You are eligible for a loan **ONLY** if you have financial aid, but receiving the aid has been delayed
- Money will not be distributed directly to students. If a check is issued, it will be made out to the vendor

### **Have Questions? Need Help?**

If you don't know if you qualify for this grant/loan; if you have questions on how to apply or when to apply; or if you need help in filling out the application, please contact the Scholarship Manager:

**Alysen Laakso**

(206) 533-6783 | [alaakso@shoreline.edu](mailto:alaakso@shoreline.edu)  
Room 1005A | *Appointments strongly encouraged*

## Application for General Emergency Assistance

Only completed applications will be considered for support. Completed applications must include:

- |   |  |
|---|--|
| <input type="checkbox"/> Signed application and budget form<br><input type="checkbox"/> Unofficial transcript from Shoreline CC<br><input type="checkbox"/> Copy of your current class schedule | <input type="checkbox"/> Financial aid award letter; verification of aid status; or aid denial letter<br><input type="checkbox"/> Copies of any supporting documentation (ex. cost of books, medical bills, etc) |
|---|--|

Return the completed application to the Foundation office: Administration Building (1000), room 1005 or email to [scholarships@shoreline.edu](mailto:scholarships@shoreline.edu)

PERSONAL INFORMATION			
Name	Student ID		
Address			
City	State	Zip	
Are you a Washington state resident as defined by the college?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student with an F-1 non-immigrant visa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #	<input type="checkbox"/> Cell	<input type="checkbox"/> Day	<input type="checkbox"/> Evening
Shoreline Email			
Personal Email			

SCHOOL INFORMATION			
Major of Study:	Shoreline CC GPA <i>(college level classes only)</i>		
What degree or certificate do you plan to receive?			
Last quarter previously attended at Shoreline CC:			
Current Quarter of Registration <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year:
Have you applied for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approx. date of application:	
Are you receiving financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Haven't received award letter/don't know	
Amount of financial aid you are expecting: \$ <i>Leave blank if you are not receiving financial aid</i>			
Are you enrolled in any of the following programs?			
<input type="checkbox"/> Worker Retraining:	<input type="checkbox"/> Work First:	<input type="checkbox"/> BFET:	
<input type="checkbox"/> Opportunity Grant:	<input type="checkbox"/> Running Start:	<input type="checkbox"/> CEO:	
Do you currently have a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Foundation Use Only</b>	Received by	Date Received
Verified with Financial Aid	Date Notified Student	

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

**SUPPORT REQUEST**

What kind of support are you requesting? How much money are you requesting for each kind?

<input type="checkbox"/> Tuition: \$	<input type="checkbox"/> Fees: \$	<input type="checkbox"/> Books: \$
<input type="checkbox"/> Parking: \$	<input type="checkbox"/> Bus passes: \$	
<input type="checkbox"/> Other: \$	Other description:	

**TOTAL AMOUNT REQUESTED: \$**

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

**1. Please explain your emergency situation in detail. Why do you need emergency assistance? How does your emergency affect your ability to stay at Shoreline Community College?**


**2. If the Foundation approves you for support, how will it resolve your situation? In other words, what positive results will happen if you are granted assistance?**


**3. Is there anything else we should know about when considering you for support?**


I acknowledge that this application is true and correct. I give permission for the Shoreline CC 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 Shoreline CC Foundation to obtain information from any program, department, and offices affiliated with Shoreline CC as it relates to my request for assistance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BUDGET WORKSHEET

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

INCOME & 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>		<b>PERSONAL</b>	
(Financial Aid in separate section)			
Public Assistance		Clothing	
Food Stamps		Entertainment	
Veteran's Benefits		Medical/Dental	
Social Security		Child Care	
Unemployment		Personal Misc.	
Alimony			
Child Support		<b>TRANSPORTATION</b>	
DVR		Bus	
Other		Car:	
		Gas	
		Maintenance	
		Insurance	
		Loan Payment	
		Parking Permit	
		<b>OTHER</b>	
<b>TOTAL MONTHLY INCOME</b>	A) \$	<b>TOTAL MONTHLY EXPENSES</b>	A) \$
<b>QUARTERLY INCOME</b>	B) \$	<b>QUARTERLY EXPENSES</b>	B) \$
total monthly income times 3		total monthly expenses times 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>	C) \$
Savings			
<b>TOTAL QUARTERLY INCOME</b>		<b>TOTAL QUARTERLY EXPENSES</b>	
(B + C)		(B + C)	

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

INTERVIEW	
Interviewer:	Date:
Notes:	

COMMITTEE DECISION		
<input type="checkbox"/> Grant <input type="checkbox"/> Loan <input type="checkbox"/> Denied	TOTAL APPROVED: \$	Date:
<input type="checkbox"/> Tuition: \$	<input type="checkbox"/> Fees: \$	<input type="checkbox"/> Books: \$
<input type="checkbox"/> Parking: \$	<input type="checkbox"/> Bus passes: \$	<input type="checkbox"/> Other: \$

STUDENT SIGNATURE IF APPROVED	
I understand that this application is approved as a <input type="checkbox"/> Grant <input type="checkbox"/> Loan	
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 grant or loan with Shoreline Community College Foundation. I understand and agree that I will not be able to apply for or receive this support again, either as a grant or a loan, while I am a student at Shoreline Community College.	
Signature:	Date:

IF APPROVED AS A LOAN	
I agree to re-pay the Foundation the <b>amount</b> of \$ _____ In <b>FULL</b> by _____	
~ or ~ Payments will be made as indicated on the following schedule:	
1. \$ _____	Due Date: _____
2. \$ _____	Due Date: _____
3. \$ _____	Due Date: _____
I understand and agree that if payment is due and not made to the Shoreline CC 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 CC 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.	
Student Signature	Date:
Foundation Authorization:	Date: