TERRA STATE COMMUNITY COLLEGE

# Student Emergency Assistance Application

Name: _____ T-Number: _____

Phone Number: _____ Email: _____

Semester/Graduation Year: _____ Address: _____

City: _____ State: _____ Zip Code: _____

## Certification of Eligibility & Understanding

**Select Yes or No:**

Yes ◯ No ◯ I am a Terra State student seeking a degree or certificate to graduate.

Yes ◯ No ◯ I am a Terra State student currently enrolled in at least (6) credit hours and maintaining Financial Aid Satisfactory Academic Progress.

Yes ◯ No ◯ I understand I can only receive emergency assistance one (1) time.

Yes ◯ No ◯ I have a cumulative GPA of 2.0 or better or I have graduated with a cumulative GPA of 2.0 or better. Pass/fail courses must have a grade of PNP.

Yes ◯ No ◯ I am an eligible U.S. citizen or non-citizen (Students defined as eligible non-citizens are those individuals who would meet the citizenship requirement for federal financial aid eligibility).

Yes ◯ No ◯ I am not a college employee or a student receiving a tuition waiver.

Yes ◯ No ◯ I have exhausted all other financial aid eligibility with the exception of federal student loans.

Yes ◯ No ◯ I understand the maximum amount of assistance is subject to the funds available and the decision of the emergency fund committee and/or the Terra College Foundation.

Yes ◯ No ◯ I understand that I may not use funds for tuition and fees, nor services or items normally eligible for government and public funds.

Yes ◯ No ◯ I understand the emergency assistance will be in the form of a check made payable to the appropriate entity (i.e. property manager, utility) unless other arrangements have been made with the Terra College Foundation.

Yes ◯ No ◯ I understand emergency assistance received for books and supplies will be available only for use on the Titan Access Online Store.

Yes ◯ No ◯ I understand that I do not need to repay the assistance I receive.

Yes ◯ No ◯ I understand that Terra State will count awarded emergency assistance as an additional resource when packaging my financial aid awards.

**I certify the above statements are true and correct to the best of my knowledge.**

Student Signature: _____ Date: _____

**Please attach the following items when submitting your Emergency Assistance Application to the Foundation office. Not submitting the following items may delay the review process.**

1. Attach a written or typed statement that explains your emergency situation. The statement must clearly show that the situation was unforeseen and beyond your control.
2. Attach documentation that confirms your situation as indicated.
3. Attach copies of items to cover with the emergency request (Bills/receipts, mortgage statements, book costs, etc.).

**The committee will use the following information provided below and endorsed by my initials to make decisions on this emergency fund request:**

| **Amount** | **Use of Funds** | **Date** | **Vendor Information** *(name, address, account no., phone no., fax)* | **Initials** |
|---|---|---|---|---|
| **$** | | **/ /** | | |
| **$** | | **/ /** | | |
| **$** | | **/ /** | | |

## Office Use

○ Approved ○ Denied

Amount: $_____ Reason: _____

○ Course Material Fund (send information to Student Account)

○ Emergency Assistance Fund (send information to Student Account)

_____ Date: _____

*Executive Director of the Foundation Signature*

Check Made Payable To: _____

(W-9 required for Banner set-up)

Address: _____