

VIRGINIA WESTERN

COMMUNITY COLLEGE

EDUCATIONAL FOUNDATION, INC.

APPLICATION FOR STUDENT EMERGENCY FUNDS

Purpose

The Virginia Western Community College Educational Foundation Student Emergency Fund is designed to address exceptional financial hardship impacting Virginia Western students who have recently (within last 2 years) **completed at least 6 credits in one semester of coursework** at Virginia Western. Examples of types of emergencies to consider: house fire, medical issues, assistance with temporary housing for a student left homeless, etc.

Conditions

Funds may not be used for tuition, books, supplies, or cable/satellite TV bills. Students are encouraged to apply for financial aid and/or scholarships to help with these expenses.

Payment will be made directly to the company/business owed or gift cards will be provided.

*Emergency Fund application requests may be made for up to \$500. Requests for food/gas gift cards are also an option. A student may only apply once in an academic year for emergency funds (either vendor payment or gift card) and apply only twice in a 5 year span.

Grant recipients **MUST** provide a typewritten letter of thanks to the Educational Foundation Board of Directors about how the grant money will help them to stay in college, complete their program, and achieve their goals. Emergency funds will not be released until the Educational Foundation receives the thank you letter.

**Students seeking medical assistance/eye exams must first contact the Bradley Free Clinic (540.344.5156) to find out if they are eligible for assistance through the Clinic, and if so, schedule an intake appointment. If the Clinic determines that the student is not eligible for services, the student may request Student Emergency Funds by completing this form.

***Determination of Emergency Advisory Council is final.

Eligibility

Student must have a minimum cumulative 2.0 GPA and be enrolled in the current semester in six (6) credits or more in a for-credit program of study in order to receive funding. Student must have completed at least six (6) credits in one previous semester of coursework within the last 2 years.

Instructions

1. The student must complete the Student Information section on the reverse side of this application and attach a copy of the bill(s) to be paid, if applicable.
2. The student's instructor/advisor must complete the Instructor/Counselor Recommendation section on page 2 of this application.
3. **Instructor/advisor submits this form to a member of the Student Emergency Fund Advisory Council** – Hillary Holland, Sheri Meixner or Rhonda Perdue. The Advisory Council will review and forward the completed form to the Educational Foundation.
4. The Educational Foundation will contact the Advisory Council regarding approval/denial of the application.

Student Emergency Fund Advisory Council Recommendation

Recommended: Type (circle) Emergency Funds / Food card, Gas card) Amount \$ _____ * Not Recommended
Comments: _____

Advisory Council Member Signature: _____

FOUNDATION USE ONLY Grant Approved YES NO Amount \$ _____
Form of Funding (gift card, payment of bill, etc.) _____

Student Information

Name _____ Date _____

Student ID Number _____ Daytime Phone _____

Number of Dependents _____ Marital Status _____

Amount Requested \$ _____ for _____ ******(rent, utilities, car repair, eye exam, food, bus pass, gasoline, etc.)

Please indicate all sources of income, e.g., employment, spouse employment, child support, welfare, worker retraining, food stamps, etc.

Monthly Income \$ _____

Source(s) _____

Employer Name _____ Your Position _____

List below your monthly expenses (rent, mortgage payment, utilities, food, gas, car payment/insurance, etc.)

Provide a brief description of your exceptional need/circumstances below:

By signing this application below, I certify that: 1) the information on this application (front and back) is complete, true, and correct; 2) I am in need of this funding to continue my education at VWCC; and 3) I will write a thank you letter addressed to the Foundation Board before any emergency funds will be released.

Student Signature

Date

Instructor/Advisor Recommendation (someone other than the Advisory Council member signing above)

Instructor/Advisor Name _____

Program _____

Currently Enrolled in _____ Credits

Current Grade _____ Cum. GPA _____

Attendance _____%

Potential for success _____

Comments _____

Instr/Advisor Signature _____

Instr/Advisor E-mail _____@viriniawestern.edu