

Emergency Grant Application

STUDENT INFORMATION

First Name:	Last Name:	DOB:
Address:		
City:	State:	ZIP Code:
Phone Number:	Email Address:	

SCHOOL INFORMATION

Student ID:	Current School:	
Request Date:	Grade Level:	Requested Amount:
Category of Aid:		
<input type="checkbox"/> Utilities <input type="checkbox"/> Rent/Housing <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Vehicle Expenses <input type="checkbox"/> Gas <input type="checkbox"/> Public Transportation Pass <input type="checkbox"/> Childcare <input type="checkbox"/> Food <input type="checkbox"/> Other		

The information requested below will not be considered in the evaluation of your application.

Gender: Male Female

Marital Status: Divorced Living with domestic partner Married Separated Single Widowed

Number of dependents: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Mark one or more races to indicate what you consider yourself to be):

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

English as a second language: Yes No

Did either of your parents complete an associate's degree or higher? Yes No

Veteran: Yes No Foster child: Yes No

PRINT FULL NAME HERE:

Signature:

Date:

FOR SCHOOL USE ONLY

Award decision date:	Fully paid date:	Directed to services? (specify)
Term: Year:	Total requested amount:	Category of aid: (U/R/M/V/G/P/C/F/O/I)
Total award:	Total denied:	Total paid:
Reenrollment data: (enrolled; graduated; transferred; not enrolled)		
