



012020 Name: _____ ID#: _____
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## CHC Student Emergency Needs Fund Application

The CHC Student Emergency Needs Fund was established to provide a one-time immediate financial assistance award to students involved in a catastrophic or an emergency situation involving circumstances which are sudden, unexpected and/or affect a students' ability to succeed. These unforeseen financial barriers can derail a student's entire semester.

Examples include, but are not limited to: unexpected medical expenses, a threat to one's safety, potential utility shut-off, housing emergencies, need for temporary housing, and car repair and transportation issues

**Application:**

Applications are available with the Foundation office. To be considered for funding, students will need to submit a completed application and supporting documents. The Director of Development will review the application with the decision-making committee. After a minimum of three people from the committee determine eligibility and approve, the Foundation will request to have a check cut based on funds available. From submission to approval, this process should take no more than three (3) business days. Students will be notified of the final decision via email. Checks will be available for pick-up from the Foundation Office.

**Eligibility Criteria:**

1. These are onetime funds with a maximum of \$500.00
2. Complete this screening form and application
3. Provide proof of enrollment of a minimum of six units
4. Provide documentation of stated emergency

**Additional Resources:** There are a variety of resources available to a student in an emergency situation. By completing this screening form, we can ensure that each student is referred to the organization that will more likely provide them the necessary funding.

1. Are you currently receiving Federal Financial Aid?      Yes      No
  2. Are you currently enrolled in and receiving cash aid from EOPS/CARE?      Yes      No
  3. Are you or your children currently on CalWORKs/TANF (receiving cash aid)?      Yes      No
  4. Have you previously applied for a grant from the CHC Student Emergency Fund      Yes      No
- If yes, did you receive any money in the form of a grant to you?      Yes      No

For Office Use Only:
Date Application _____
Staff Initials _____
Notes: _____

Referred By: _____
Amount _____
Amount Approved _____
Fund: 804



## CHC Student Emergency Needs Fund Application

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Campus of Primary Attendance \_\_\_\_\_

Units Currently Enrolled \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
(E-mail is the primary means of communication)

Current Street Address \_\_\_\_\_  
(Include City and Zip Code)

Permanent Street Address \_\_\_\_\_  
(Include City and Zip Code)

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

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Place a check next to any items with which you need emergency assistance:** The CHC Student Emergency Needs Fund was created to assist students who encounter *catastrophic, emergency and/or unforeseen situations* which jeopardize their ability to complete their program of study.

Travel costs related to sudden death or illness in the immediate family

Replacement of household or personal belongings due to fire, natural disaster, or theft

Unexpected childcare expenditures

Food and basic necessities

Medical expenses

Rent, utilities, and other essential household expenses

Other

\*If other is selected, please describe emergency:

- 
1. Description **IN DETAIL** of catastrophic/emergency event or situation: (Attach additional page if needed).

2. What unforeseen/catastrophic expenses would funding be used for? **Must include**, itemized description with prices, amounts, payment due dates and other pertinent information. (Please attach additional page(s) & documentation -- examples: "shut off" notices from utility companies, an itemized bill or estimate from a locksmith or car mechanic, a police report indicating stolen items that you need replaced, etc. ).

3. Referred by: \_\_\_\_\_

**\*\*Optional\*\*** you may choose to have a faculty/staff member write a letter of recommendation or of support for you. It is not necessary, but if you think a member of the faculty might be able to help with this process please include a letter.

4. Do you have housing?  Yes  No.  Temporary or  Long-Term.

5. What is your marital status as of today?  Married  Single  Divorced  Widowed

6. Do you have children who receive more than half of their support from you?  Yes  No

7. Do you have dependents other than your children/spouse who live with you and who receive more than half of their support from you?  Yes  No. If yes, who and how many? \_\_\_\_\_

8. If you answered "yes" above, are you the sole provider of income?  Yes  No

9. Are you currently employed  Yes  No. If yes, how many hours a week do you work? \_\_\_\_\_

10. Please list all campus and/or community involvements and other time commitments:

**11. Please attach a copy of your transcripts or any other official document that establishes you are a student currently enrolled in at least six units.**

12. Please provide any other information that you feel the committee should know (attach additional page(s) if necessary).

*Based on the information provided within this application the CHC Student Emergency Needs Fund Committee reserves the right to deny, partially fund, or fully fund the requested amount.*

Amount Requested: \$\_\_\_\_\_

Amount Approved: \$\_\_\_\_\_

## CERTIFICATION AND SIGNATURE

***Once you have filled out the application including appropriate documentation, please submit via email to [foundation@craftonhills.edu](mailto:foundation@craftonhills.edu)***

By signing this form you are certifying that all of the information reported is complete and correct. This gives authorization to the CHC Student Emergency Fund Committee and the Director of Development consent to communicate with any referenced faculty member, or any other student services or financial aid services program that you may or may not be eligible for. If necessary, you will be contacted for further information or asked to provide additional documentation. After the necessary members of the Student Emergency Fund Committee review the application, you will immediately be notified of the committee's decision.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Signature of Applicant*

For Office Use Only:

Date Application Submitted: \_\_\_\_\_

Application Approved

Approved Date: \_\_\_\_\_

Director of Development: \_\_\_\_\_

Foundation Endorsing Party: \_\_\_\_\_

Application Denied

Denial Reason: \_\_\_\_\_