



Application for Got Your Six Veteran Student Emergency Fund Application

Purpose:

Emergency funds have been donated by friends of the College as well as employees, their families, and others who are interested in helping veteran students succeed. When funding is available, grants are provided to meet one-time emergency needs that would otherwise prevent students from continuing their education at Jackson College (JC).

Conditions:

1. Student must demonstrate that emergency support is directly tied to their ability to remain in college.
2. These funds will cover emergency needs and not be made available for ongoing needs (rent, medication, car payments) or expenses beyond one-time emergencies.
3. Checks will be made payable to the company or organization owed and not payable directly to the student. Supporting documents (invoices, quotes, etc.) must be presented with application.
4. Funds will not be made available to pay for tuition.
5. Funds will not be made available to cover past-due balances at the College.
6. If text books or supplies are needed and not available on-loan from the library, a bookstore voucher may be provided. If a voucher is provided, the book must be returned to the Center for Student Success at the end of the semester.

For more information on these conditions, please review the Got Your Six Student Veteran Emergency Fund Policy at <http://www.jccmi.edu/policies/>.

Eligibility:

I am a currently enrolled as a student at Jackson College YES___ NO___

Have you requested and/or received an emergency grant in the past 12 months?

YES___ NO___

If you answered YES, please explain circumstances regarding previous request:

If you are currently a JC student, you may be eligible to apply. Follow the instructions below. Please note that application for support does not guarantee funds will be awarded.

Application Process:

Students should not contact the Foundation directly for an emergency grant. A student must be referred by the Veteran Resource Center or other appropriate college staff member. The student must complete the application and submit it to the VA School Certifying Official for approval. Proof of financial hardship may be required.

Instructions

1. Fill out the Student Information.
2. Ask your Veteran Resource Representative member to complete the Recommendation section.
3. Attach copy of supporting documents (eviction notice, utility shut-off notice, car repair quote, etc.).
4. Submit this application and supporting documents to the School Certifying Official (SCO).
5. The SCO will submit the documents to the Foundation within 2 business days.
6. The Foundation Office will contact you once the application has been processed. Additional information may be required in order to complete the process.

Student Information:

Name: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell or Work Phone: _____ Daytime Phone: _____

Email Address: _____

Number of Dependents and ages: _____

Marital status: _____

Are you currently enrolled at JC: Yes___ No___ Part Time:___ Full Time:___ Major:_____

Amount Requested: _____ (not to exceed \$150) for: _____ (rent, utilities, etc.)

Please explain circumstances for emergency funds: _____

Check to be made payable to: _____ (company or landlord name)

Are you employed: Yes:___ No:___ Full Time:___ Part Time:_____

Name of Employer: _____ Position: _____

JC Representatives may leave a message about my request on an answering machine: Yes___ No ___

By signing this application below, I certify that: 1). The information on this application (front and back) is complete, true, and correct, and that 2). I am in need of this grant to continue my education at JC.

Student Signature

Date

Veteran Resource Staff Recommendation:

Staff Name: _____ Program: _____ Progress

in Program: _____ Potential for success: High___ Low___

Current grade: _____ Attendance: Good___ Poor___

Comments: _____

Staff Signature:

Registrar Recommendation:

Recommended: _____ Not Recommended: _____ NSLDS: _____

Financial Aid Disbursement after Tuition \$ _____ Date _____

Student has completed a FAFSA: YES___ NO___ Student Pell Grant eligible: YES___ NO___

At or approaching credit limit suspension: Yes _____ No _____

Number of Credits: Attempted _____ Completed _____

Is the student meeting SAP: Yes___ No___

Comments: _____

Registrar Signature: _____

Foundation Recommendation:

___ Approved Date of Payment: _____

___ Denied Reason: _____

Referral: _____

Type of Assistance Awarded: _____

Amount/Ck Number: _____ To Whom: _____

Amount/Ck Number : _____ To Whom: _____

Foundation President Signature: _____ Date: _____