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 textbooks 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:___________