



DELGADO COMMUNITY COLLEGE FOUNDATION  
KATRINA VICTIMS STUDENT RELIEF FUND

**Purpose**

Provide relief assistance to low and moderate-income students that do not qualify for federal or state financial aid and who have suffered losses due to Hurricane Katrina. Assistance would be for books, fees, or other related educational expenses to students. The award will be for \$500 for full time students enrolled in 12 hours or more or \$250 for part time students enrolled in 6 to 11 hours.

**Criteria**

To be eligible for consideration, you must:

- Have been enrolled at Delgado Community College for the Fall 2005 or Spring 2006 semester.
- Must have a minimum of 2.0 GPA.
- Be ineligible for financial aid.
- Have applied with FEMA and have a FEMA number
- Documentation of hurricane damage including receipts and insurance claim documents would be helpful
- Be a Louisiana resident
- Be degree or certificate seeking

**Process**

The Katrina Victim Relief funds are limited and will be distributed until all funds are used. The college-wide Scholarship committee will participate in the selection process:

- The student will complete the Katrina Victims Relief Assistance application (attached).
- Applications are to be mailed to the Financial Aid Department and applications will be forwarded to the Scholarship committee.
- Scholarship Committee will review applications and make recommendations for award consideration based on being ineligible for financial aid, maximum hours earned at Delgado Community College, grade point averages and documentation of loss due to Hurricane Katrina
- Scholarship Committee will notify the students by mail, email, or phone that they have been selected to receive assistance.
- Funds will be applied to students' accounts after the 14<sup>th</sup> day of class.



Please describe any other expenses incurred as a result of the hurricane disaster. This may include childcare and transportation, and other necessary items necessary for daily living.

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I certify that the information provided in this application is truthful and accurate to the best of my knowledge.

Signature \_\_\_\_\_

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

Please bring in or mail application to the Financial Aid Office

City Park Campus  
Student Life Center, 2<sup>nd</sup> Floor  
615 City Park Avenue  
New Orleans, LA 70119

West Bank Campus  
LaRocca Hall  
2600 General Meyer Ave  
New Orleans, LA 70112

Charity School of Nursing  
450 S. Claiborne Ave  
New Orleans, LA 70112