

# Emergency Fund Application

A one-time award not to exceed \$500 may be available to Delgado Community College students who are in danger of withdrawing from the college due to an unanticipated, temporary, financial hardship. This application and supporting documentation is required for consideration.

\* Required

1. **First Name \***

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2. **Last Name \***

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3. **Email \***

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4. **L# \***

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5. **Gender \***

*Mark only one oval.*

Male

Female

6. **Race \***

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7. **Marital Status \***

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8. **Number of children \***

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9. **Phone Number \***

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10. I am enrolled in at least 6 credits for the semester in which I am requesting funds.(Must be enrolled a minimum of 6 credit hours) \*

Mark only one oval.

- Yes  
 No

11. I am experiencing a financial hardship resulting from an emergency or crisis situation that threatens my ability to complete the current semester successfully: \*

Mark only one oval.

- Yes  
 No

12. Which of the following possible resources have you considered to assist you through this hardship? (check all that apply) \*

Check all that apply.

- Income (paycheck, SSI, tax credit...)  
 Student loans  
 Medicaid  
 Personal financial accounts  
 Community resources (e.g. utility moratorium, food bank)  
 Other  
 None of these

13. I can provide documentation of my financial need (i.e. billing statements, receipts, repair estimate)? \*

Mark only one oval.

- Yes  
 No

14. Amount of funds requested? (Must be \$500 or less) \*

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15. For which expenses are you requesting funds? (check all that apply) \*

Check all that apply.

- Housing  
 Utilities  
 Transportation  
 Healthcare  
 Books/Academic materials  
 Other: \_\_\_\_\_

16. **Briefly explain circumstances that led to your financial hardship and a description of what expenses the funds will be used for. Include specific amounts that add up to your requested amount. \***

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17. **Explain the impact of these unexpected expenses on your ability to remain enrolled at Delgado Community College? Note: Priority will be given to students whose enrollment may be at risk as a result of these expenses. \***

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18. **Documentation of Financial Need. Please attach applicable supporting documentation or information here. Acceptable documentation includes, but is not limited to: utility bills, rent statements, emergency medical bills, estimates for repairs, police/fire reports or other accident reports. If you are unsure of what to include or don't have any documentation, a staff member will assist you when you meet to discuss your application. \***

Files submitted:

