

# Student Emergency Assistance Application



OWENS  
COMMUNITY COLLEGE

Name: \_\_\_\_\_

OCID (Owens College Identification Number): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

**Please attach the following items when submitting your Emergency Assistance Application to the Oserve office.  
Not submitting the following items may delay the review process:**

1. Attach a written or typed statement that explains your emergency situation. The statement must clearly show that the situation was unforeseen and beyond your control.
2. Attach documentation that confirms your situation as indicated.
3. Attach copies of items to cover with the emergency request. (To include bills, mortgage statements, book costs, etc.)

## CERTIFICATION OF ELIGIBILITY & UNDERSTANDING

### Select Yes or No:

- Yes  No I am an Owens Community College student seeking a degree or certificate.
- Yes  No I am an Owens Community College student currently enrolled in at least six (6) credit hours and maintaining Financial Aid Satisfactory Academic Progress.
- Yes  No I understand I can only receive emergency assistance one (1) time per academic year.
- Yes  No I have a cumulative GPA of 2.0 or better. Pass/fail courses must have a grade of PNP.
- Yes  No I am an eligible U.S. noncitizen or citizen. (Students defined as eligible noncitizens are those individuals who would meet the citizenship requirement for federal financial aid eligibility.)
- Yes  No I am not a college employee or a student receiving a tuition waiver.
- Yes  No I have exhausted all other financial aid eligibility with the exception of federal student loans.
- Yes  No I understand the maximum amount of assistance is subject to the funds available and the decision of the emergency fund committee.
- Yes  No I understand that I may not use funds for tuition and fees, nor services or items normally eligible for government and public funds.
- Yes  No I understand the emergency assistance will be in the form a check made payable to the appropriate entity (i.e., property manager, utility).
- Yes  No I understand emergency assistance received for books and supplies will be available only for use at the Owens Follett bookstore.
- Yes  No I understand that I do not need to repay the assistance I receive.
- Yes  No I understand the College will count awarded emergency assistance as an additional resource when packaging my financial aid awards.

**I certify the above statements are true and correct to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The committee will use the following information provided below and endorsed by my initials to make decisions on this emergency fund assistance request.

Amount	Use of Funds	Date	Vendor Information (name, address, account no., phone no., fax)	Initials
\$		/ /		
\$		/ /		
\$		/ /		

**OFFICE USE:**

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

**Denied:**  
Reason \_\_\_\_\_

**Course Material Fund**  
(Send Information to Student Account)

**Emergency Assistance Fund**  
(Send Information to Student Account)

\_\_\_\_\_  
*Oserve Director Signature* Date \_\_\_\_\_

\_\_\_\_\_  
*Vice President of Student Services and Enrollment Management Signature* Date \_\_\_\_\_

\_\_\_\_\_  
*Executive Director of the Foundation Signature* Date \_\_\_\_\_

**Check Made Payable To:** \_\_\_\_\_  
(W-9 Required for Banner set-up)

**Address:** \_\_\_\_\_