



**SHAWNEE COMMUNITY COLLEGE INFORMATION - STUDENT**

SCC Student ID# _____	SCC Start Date: ____/____/____
SCC Student Enrollment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Have you previously applied to The Support Fund? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, When: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT: By signing, you are indicating you have read and agree with the statements below.**

1. I declare that all information presented about my request for assistance is complete and correct. I am aware that knowingly making untrue statements and any deliberate misrepresentation or withholding of facts will result in a rejection.
2. Providing false information could also result in a demand for repayment and further employment/student action.
3. I give the program administrators consent to disclose information to the Support Fund Committee.
4. If my application is approved, I give permission to SCC to process the financial paperwork and contact of payee if necessary.
5. I understand that a copy of my application will be retained for SCC records.
6. I understand that confidentiality pertaining to my application and details of my hardship will be respected, but cannot be guaranteed.

APPLICANT NAME (Printed): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE (Month, Day, and Year): \_\_\_\_\_

## DETAILS OF HARDSHIP

Explain the emergency circumstances and the financial hardship.

Have you taken any steps to resolve the hardship? Yes  No   
If yes, explain steps you took:

How much financial assistance are you requesting? \$ \_\_\_\_\_  
Monies will be used for:

## PAYMENT INFORMATION

**Pay To Information:** (Third party creditor or the vendor that the check will be mailed to)

**Payee Name:**

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Pay To Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

## **SUPPORTING DOCUMENTATION**

**Official documents are required to be submitted related to the emergency and financial need. Please provide documentation that explains your economic hardship and supports your application. Examples of document(s) to provide related to the emergency and financial hardship.**

Mortgage statement	Service/Repair (estimate or invoice)
Verification of rent	Credit Card statement
Utility Bill	Medical Bill
Car statement (monthly payment)	Dental Bill
Insurance statement (vehicle/property)	Childcare bill or statement from provider
Textbooks (SCC Bookstore invoice)	Online Learning Fees
Uniform (required for course work)	Other (explain below)

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**Any additional information or extenuating circumstances you would like to explain:**