SAINTS FOUNDATION OF SHAWNEE COMMUNITY COLLEGE

STUDENT AND EMPLOYEE SUPPORT FUND

The Shawnee Community College Student and Employee Support Fund is designed to provide emergency financial assistance to employees and students who suffer sudden, non-recurring, unplanned economic hardship due to emergency such as an accident, illness, injury, fire, or other unexpected crisis. The program is not intended to provide financial assistance for pervasive financial struggles. Economic hardship indicates that current financial obligations and normal living expenses cannot be met through typical means. Applicants are expected to have made reasonable efforts to address the hardship prior to application. SCC students are expected to contact the Financial Aid Office prior to applying. If approved, payment will typically be made directly to the applicable third-party (e.g. a creditor or vendor, such as utility company, medical provider, SCC Bookstore, etc.). Only under rare and extenuating circumstances will an applicant receive a direct reimbursement of expenses or gift cards for purchases. In these situations, significant financial documentation of expenses and/or appropriate purchase(s) will be required. Individuals can apply when they feel they have an economic hardship meeting the criteria of the program. However, individuals can only receive, at a maximum, one funding opportunity, regardless of amount, per calendar year. Maximum financial assistance is up to \$500.00. Payment may not be immediately available, as application and financial processing may take 1-2 weeks.

To apply, complete this application and include the supporting documentation related to the emergency and financial need (i.e. medical bill, eviction notice, utility documentation notice) requested. Submit to the Saints Foundation office. All identifying information from your application and documentation will be kept confidential and presented to the Student and Employee Support Fund Committee for funding determination. For more information about the Fund, eligibility, and process, please contact the Saints Foundation office at 618-634-3260, or by email to saintsfoundation@shawneecc.edu.

PERSONAL INFORMATION

Name:		
First Name	Last Name	
Address:		
City:	State: Zip: _	
Phone Number: ()	Cell ()	Work
Email Address:		
SHAWNEE COMMU	JNITY COLLEGE INFORMATION- EMP	LOYEE
SCC ID#	SCC Start Date:/	<i>I</i>
Employee Status:	Full-Time Part-Time Lea	ve
Position/Department:		

SHAWNEE COMMUNITY COLLEGE INFORMATION - STUDENT

sco	Student ID#/ SCC Start Date://				
	SCC Student Enrollment Status: Full-Time Part-Time				
-	u previously applied to The Support Fund? Yes No				
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.	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, explains steps you took:					
How much financial assistance are you requesting? \$					
Monies will be used for:					
PAYMENT INFO	PMATION .				
Pay To Information: (Third party creditor or the vendor	that the check will be n	nailed to)			
Payee Name:					
Account Number:					
Pay To Address:					
City:					
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)

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