



EMERGENCY GRANT REQUEST FORM

Last Name _____ First Name _____ MI _____ Student ID _____

Cell Phone Number _____ Email Address _____

Please provide a brief explanation of the emergency you are experiencing that warrants an emergency grant (150 word minimum. You may attach additional pages if necessary.):

Please describe your efforts to obtain assistance for these unexpected expenses through other sources (family, friends, campus/community organizations, etc.)

Total amount of emergency grant aid requested: _____

If this is not your first time requesting emergency funding from the Palomar College Foundation, please indicate when and what other funds you have requested and received:

Employment Status: _____ Full-time _____ Part-time _____ Not Employed (Last date of employment _____)

Have you completed a FAFSA application for the current year? _____ YES _____ NO

Certification and Signature

I certify that all information given on this application and other documents is true and complete to the best of my knowledge. I authorize Palomar College Foundation to release academic and financial information to scholarship donor(s). The Palomar College Foundation may also use the information I have provided for publicity purposes.

Student Signature

Date

By accepting this award you agree that the Palomar College Foundation will disclose the amount awarded as required to the Financial Aid Office. This may affect your eligibility for financial aid programs- please contact the Financial Aid Office for any questions.

For Office Staff Use Only

Semester Registered: _____ Units Registered: _____

Approved _____ Denied _____ Amount Awarded _____ Date Paid _____

Notes: _____

Foundation Representative Signature: _____ Date _____