  
 FOUNDATION

Morgan Community College Foundation

Student in Crisis Fund Application

MCC has established this fund to assist with the financial needs of MCC students who encounter an emergency situation, unusual event, or who incur unforeseen expenses that will prevent them from attending and/or finishing school. Students who receive Student in Crisis Funds must write a thank you letter to the fund’s donors.

Name:

Student ID:

Phone #:

Program of Study:

Today’s Date:

Amount Needed:

Please tell us why you are requesting these funds. What is your emergency? What are the events that led up to this crisis? Please write 5-10 sentences about what happened that has caused you to be in need of emergency funds.

How will these funds help you stay in school? Please write a paragraph (5-10 sentences) telling us what this money means to you, what your education means to you, and why this money will enable you to finish the semester and your degree or certificate program. What do you hope to achieve by staying in school?

The money used to help students in crisis is a revolving fund. (Students are asked to repay what they are provided for future students.) How would you be able to repay what you are provided with?

What other avenues have you explored for obtaining the resources you need?

**NOTE: Please attach any invoices, bills, doctor’s notes, eviction notices, and/or other documentation that shows how much money is owed to whom.**

*Requests will be responded to as quickly as possible, within 5 business days from the date the application is received. Submission of this application does not guarantee assistance.*

**STUDENT FINANCIAL INFORMATION**

Are you currently employed? Yes: No: If Employed, Employer’s Name:

What is your monthly income? Married? Yes: No: Number of Dependents:

Your Monthly Budget:

|  |  |
| --- | --- |
| **Estimated Costs Per Month** | **Estimated Income Per Month** |
| Rent/Mortgage: | Student Earnings: |
| Food: | Spouse Earnings: |
| Transportation: | Parents Contribution: |
| Utilities: | Savings: |
| Child Care: | Child Support: |
| Phone (land/cell): | Other Resources (TANF, SSI/SSD, etc.): |
| Cable/Internet: |  |
| Other: |  |
| Total: | Total: |

I give MCC permission to verify any and all information presented in this application.

Student Signature Date

**FACULTY/COUNSELOR/STAFF RECOMMENDATION**

|  |  |
| --- | --- |
| **Name:** | **Center:** |
| **Comments:** | |
|  | |
|  | |

Faculty/Counselor/Staff Signature Date

**STUDENT IN CRISIS COMMITTEE USE ONLY** (Two signatures required.)

|  |  |
| --- | --- |
| SIC Fund Committee Member Yes No  Signature: | SIC Fund Committee Member Yes No  Signature: |
|  |  |
| Disbursement Method:  Amount: | Repayment Method/Plan: |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disposition/Referral Notes:**