



FY 2019-2020

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

ID#: \_\_\_\_\_

## EVC Associated Student Government Student Emergency Fund Screening Form

**Applications submitted without this completed screening form will be automatically denied.**

The Evergreen Valley College Associated Student Government-Student Emergency Fund is intended to provide immediate financial assistance to Evergreen Valley College students involved in *a catastrophic or emergency situation involving circumstances which are sudden, unexpected and/or affect a student's ability to function*. Examples include, but are not limited to: an accident, illness, travel for a funeral, fire damage or need for temporary housing. The fund is entirely supported by contributions from the Student Emergency Annual Fund; contributions to the Annual Fund are made by the Evergreen Valley Associated Student Government's Annual Budget. All awards are contingent on availability of funds. By completing this screening form we can ensure that each student is referred to services on campus and in the community that will more likely provide them with additional resources.

Please see below for full eligibility requirements.

### Eligibility Requirements:

1. Students must complete the screening form and application in entirety
2. Students must provide proof of enrollment of a minimum of six units. Returning students must have a minimum 2.0GPA
3. Students must provide documentation of stated emergency. ASG reserves the right to deny applications deemed as non-catastrophic, non-emergency and/or a foreseen event.
4. Students may only apply for and receive funding once a full calendar year. Students who have previously received funding must wait 365 days from the date of first application before becoming eligible for another grant.
5. Students who owe more than \$100 to the San Jose Evergreen Community College District will be ineligible to receive funding.
6. Students with a student disciplinary record will be ineligible to receive funding.

1. Are you currently receiving Federal Financial Aid?  Yes  No
2. Are you currently enrolled in and receiving cash aid from EOPS/CARE  Yes  No
3. Are you or your children currently on CalWORKs/TANF (receiving cash aid)?  Yes  No
4. Have you previously applied for a grant from the Evergreen Valley College Student Emergency Fund?  Yes  No
  - a. If yes, did you receive any money in the form of a grant to you?  Yes  No

**Applications submitted without this completed screening form will be automatically denied**

### For Office of Student Life Use Only:

Date Application Submitted \_\_\_\_\_

Staff Initials \_\_\_\_\_

### For Office of Student Life Use Only:

Date Application Submitted \_\_\_\_\_

ASG Exec. Initials \_\_\_\_\_



# ASG Student Emergency Fund Application

*Special Thanks to the Evergreen Valley College Associated Student Government*

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Campus of Primary Attendance \_\_\_\_\_

Units Currently Enrolled \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
(E-mail is the primary means of communication)

Current Street Address \_\_\_\_\_  
(Include City and Zip Code)

Permanent Street Address \_\_\_\_\_  
(Include City and Zip Code)

Student ID # \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Place a check next to any items with which you need emergency assistance:** The Student Emergency Grant Fund was created to assist Evergreen Valley College students who encounter *catastrophic, emergency and/or unforeseen situations* which jeopardize their ability to complete their program of study.

- Travel costs related to sudden death or illness in the immediate family
- Replacement of household or personal belongings due to fire, natural disaster or theft
- Unexpected child care expenditures
- Food and basic necessities
- Medical expenses
- Rent, utilities, and other essential household expenses
- Other

\*If other is selected, please describe emergency: \_\_\_\_\_

1. Description **IN DETAIL** of catastrophic/emergency event or situation: (Attach additional page if needed).

2. What would funding be used for? **Must include, itemized description with prices, amounts, payment due dates and other pertinent information.**  
(Please attach additional page(s) & documentation -- examples: "shut off" notices from utility companies, a police report indicating stolen items that you need replaced, etc.)

3. **\*\*Optional\*\*** you may choose to have a faculty member write a letter of recommendation or of support for you. It is not necessary, but if you think a member of the faculty might be able to help with this process please include a letter.

4. Do you have housing?  Yes  No.  Temporary or  Long-Term.

5. What is your marital status as of today?  Married  Single, divorced, or widowed

6. Do you have children who receive more than half of their support from you?  Yes  No

7. Do you have dependents other than your children/spouse who live with you and who receive more than half of their support from you?  Yes  No. If yes, who and how many?

8. If you answered "yes" above, are you the sole provider of income?  Yes  No

9. Are you currently employed  Yes  No. If yes, how many hours a week do you work?

**10. Please attach a copy of your transcripts or any other official document that establishes you are a student currently enrolled in at least six units.**

11. Please provide any other information that you feel the committee should know (attach additional page(s) if necessary).

***Based on the information provided within this application the Associated Student Government reserves the right to deny, partially fund, or fully fund the requested amount.***

Amount Requested: \$\_\_\_\_\_

**PLEASE READ AND SIGN**

*Once you have filled out the application including appropriate documentation, please return it to the Office of Student Life.*

By signing this form you are giving the Emergency Fund Committee and the Director of Student Development consent to communicate with any referenced faculty member, or any other student services or financial aid services program that you may or may not be eligible for. If necessary, you will be contacted for further information or asked to provide additional documentation. After the necessary members of the Student Emergency Fund Committee review the application, you will immediately be notified of the committee's decision. Checks will be available for pick-up from the Evergreen Valley College Business Services Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Applicant*

**For Office of Student Life Use Only:**

Date Application Submitted: \_\_\_\_\_

**Status of Application:**

Application Approved

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

Approved Date: \_\_\_\_\_

Application Denied

Denial Reason: \_\_\_\_\_

Denial Date: \_\_\_\_\_

**Signatures of Application Reviewees:**

Director of Student Development: \_\_\_\_\_

ASG Endorsing Party: \_\_\_\_\_