



## Emergency Student Grant Form

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone number: ( ) \_\_\_\_\_ Student ID number: \_\_\_\_\_

**SUBMIT completed application** and a copy of your Class Schedule to Associated Student Government, Office G-201. Student must be currently enrolled in at least **6.0 units**. Incomplete applications will not be considered.

I certify that all information on this form is true, complete and accurate. I understand and agree to the following:

1. I am currently enrolled as described in the above requirements.
2. I understand that changes to my enrollment status may affect eligibility of the grant and I may be required to forfeit and repay the grant as a result of dropping a course or withdrawing from school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Purpose/Reason for Loan (\$25 - \$100)

In the space provided below briefly explain your situation and need for the grant. **If approved, applicant will be contacted by phone.**

(Continued on next page)

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

**NOTE TO APPLICANT:** If approved, your check will be processed by Student Accounts, Office AC-115. Please allow five (5) business days to process the application.

**OFFICE USE ONLY**

Approved:    Yes             No

Signature: \_\_\_\_\_  
              Victor G. Garza

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

Signature: \_\_\_\_\_  
              Adrienne Burns

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