Requests will be accepted October 8th thru December 10th 2012 No exceptions.

Foundation Emergency Funding is for students that have an essential need that must be provided immediately.

To be considered for funding, complete this form, giving a detailed description of your need and how the funds will be used.

- To qualify, you must currently be attending Highline during the quarter for which you are requesting funds. Fill out a Participant form and turn in a signed class schedule verifying your attendance.
  - Bus tickets- class schedule signed by instructors
  - Emergency Funds (The last $100 of the bill) –
    - Provide a copy of disconnect/shut-off notice (the bill has to be in students’ name)
    - Eviction notices - if submitting an eviction, a copy of the lease agreement verifying that the student is the tenant is needed.
    - Other
  - Emergency Childcare –
    - One month checking & savings statements
    - WCCC approval/denial letter
    - Financial Aid award letter
    - One month pay stubs
    - Statement from childcare provider detailing costs on letterhead
    - Class schedule signed by instructors verifying attendance

- Under most circumstances, you will not be considered for assistance if you have just received a financial aid check.

- Students may only receive assistance once during an academic year.

- Requests will not be accepted during quarterly breaks.

Normally, requests will be reviewed within 2 business days. Student will be notified within 2 business days.
Student Information

Last  First      MI     SSN     SID

Address        City    State    Zip    Phone    Email

Requesting

Please indicate the amount you are requesting and company name: (if company contact information is not on statement please provide)

I request $__________ for ______________________________________________________________

Phone #___________________________ and I have attached copies of my shut-off and/or eviction notice, receipts and/or invoices.

☐ I understand it will take at least 2 business days to process my request.

If need exceeds $100, are you able to pay remaining balance?   [YES]   [NO]

Please indicate if you have contacted the company where funding will be applied.

[YES] Please explain

[NO] Please explain

Required Signature

I affirm that the information provided in this form is true and correct to the best of my knowledge.

Student Signature __________________________________________       Date ___________________

Highline Community College is committed to the concept and practice of equal opportunity for all its students, employees, and applicants in education, employment, services and contracts, and does not discriminate on the basis of race or ethnicity, color, national origin, age, disability (handicap), sex, gender, sexual orientation, marital status, creed, religion, or status as a Vietnam-era or disabled veteran status, political affiliation, or belief, citizenship status as a lawfully admitted immigrant authorized to work in the US, or presence of any physical or mental disability, except where a disability may impede performance at an acceptable level. In addition, reasonable accommodations will be made for known physical or mental limitations for all otherwise qualified persons with disabilities. Students who need disability accommodations should contact Access Services in Building 99, 1st Floor, room 150 in Community & Employment Services, email: access@highline.edu, phone: (206) 878-3710 ext. 3857 TDD/VP (206) 870-4853.

For Office Use Only

QRT _____ ENR _____ APP _____ DEN _____ AMT _____ FAO ____________

CONTACT LOG:

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