

Print Student Information

<i>Last</i>	<i>First</i>	<i>MI</i>	<i>SSN</i>	<i>SID</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
			()	<i>Email</i>

Foundation Emergency Funding is for students that have an essential need that must be provided immediately to ensure success in currently enrolled classes. To be considered for funding please complete this form and acknowledge that you meet the following criteria:

- I am currently attending Highline College during the quarter for which I am requesting funds.
- I have attached documentation, with my name on it, substantiating my request. (A lease agreement is required if requesting rent assistance).
- I have not received a financial aid check within 14 days of my request.
- I do not owe a debt to the College.
- I am in good academic standing.
- I have not received Highline Foundation Emergency Assistance within the current academic year beginning July 1, 2015.
- I understand that funds are limited and not all requests will be awarded.
- I understand that if I am approved for assistance, a check will be mailed to the company listed on this request.
- I agree to write a thank-you letter to the Foundation.
- I am submitting my request within the dates listed above. (Requests will not be accepted outside these dates).
- I have made an appointment with a Financial Aid or Women's Programs Advisor and will bring this completed form to my meeting. Contact information: xxxxxxxxxxxx

Check all that apply			
<input type="checkbox"/> Parent	<input type="checkbox"/>	<input type="checkbox"/> Receive Food Stamps	<input type="checkbox"/> Displaced Homemaker
<input type="checkbox"/> Single Parent	<input type="checkbox"/>	<input type="checkbox"/> Receive SSI/Disability	<input type="checkbox"/> First in family to attend college
<input type="checkbox"/> Receive TANF	<input type="checkbox"/>	<input type="checkbox"/> Laid off from work	<input type="checkbox"/> Current Student
<input type="checkbox"/> Working () hours a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your gross monthly household income? _____ (before taxes)

<input type="checkbox"/> \$ 0-\$1,000	<input type="checkbox"/>	<input type="checkbox"/> \$2,043 - \$2,567	<input type="checkbox"/>
<input type="checkbox"/> \$1,001-\$1,199	<input type="checkbox"/>	<input type="checkbox"/> \$2,5677 - \$3,092	<input type="checkbox"/>
<input type="checkbox"/> \$1,200-1,517	<input type="checkbox"/>	<input type="checkbox"/> \$3,093 - \$3,617	<input type="checkbox"/>
<input type="checkbox"/> \$1,518 - 2,042	<input type="checkbox"/>	<input type="checkbox"/> \$3,618 plus	<input type="checkbox"/>

Request

<i>Company Name</i>	<i>Amount Requesting (\$250 maximum)</i>

Student Required Signature	Date
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By signing this document I affirm that the information provided on this form is true and correct to the best of my knowledge and I grant permission to the advisor to contact the company I am requesting funds to paid to.

Highline 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 sensory, 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:

NOTES:
