EAGLE AID EMERGENCY FUND APPLICATION

NAME: _____

CTC Student ID: _____

Main Contact Phone Number: _____

E-mail: _____

What type of emergency situation do you have?

☐ Medical needs ☐ Housing issues ☐ Utility needs

☐ Assistance with Books ☐ Automotive issues ☐ Child Care needs

☐ Other: _____

Please describe **in detail why** the situation is an emergency (what happened to put you in this situation) **and how** this will negatively affect the completion of your degree or certification. You must include total amount requested, as well as supporting documentation, including original bills, invoices, estimates, etc.

Company/Vendor (Mechanic/Auto Shop, Landlord/Apartment Name, Utility Company, etc.)

Address (Street, City & Zip)

Telephone Number for Company/Vendor

Total Amount of request (if known):

I have read and understand this financial assistance may be requested only <u>once a semester</u> and that I must possess an active CTC Student ID.

All information provided above is true and accurate and I agree to provide all necessary and requested documentation.

By submitting this form, I am requesting financial assistance to meet these emergent needs, allowing me to continue and/or meet my educational goals at Central Texas College.

Printed Name: _____

Signature: _____

Date of request: _____

Committee Action: ☐ Approved ☐ Denied

Date Action Taken: _____

Total Amount Awarded: _____

Funding Source: _____