



EMERGENCY GRANT FUNDING REQUEST

Emergency grants are one-time funds that students can apply for when encountering catastrophic and/or unforeseen situations that jeopardize their ability to complete their program of study. These funds may only be awarded once during the student's time at Citrus College for a maximum amount of \$250.

Student Name:

Student ID #:

Email:

Mobile Phone:

Street Address:

of Units Enrolled:

City/Zip:

Term:

Do you identify with any of the following groups?

Former Foster Youth Homeless LGBTQ+ Low Income Student with Disability Veteran

What is your ethnicity?

African American American Indian/Alaskan Native Asian Filipino Hispanic Multi-Ethnicity Pacific Islander

White Non-Hispanic Other: _____

ELIGIBILITY: Emergency funding is contingent on availability of funds and meeting the requirements listed below:

1. Students must be currently enrolled and registered in at least 6 units.
2. Students must be in good academic, financial, and disciplinary standing.
3. Students must have no outstanding debt from prior semesters.
4. Students must NOT have a hold on their college accounts (e.g. financial, academic, disciplinary)
5. Students must not have received emergency funding within the last year.
6. Students must be able to provide a valid government-issued photo ID
7. Students must apply for financial aid by completing the FAFSA or CA Dream Act application and complete their financial aid file.

Please contact financial aid if you have questions or need assistance.

DESCRIPTION OF EMERGENCY SITUATION : Please provide a written statement explaining the circumstances that support your request for an emergency grant. Please attach supporting documentation that supports your written circumstances.

DETAIL HOW MUCH FUNDING IS BEING REQUESTED and HOW IT WILL BE SPENT (IF AWARDED). PLEASE PROVIDE A LINE-ITEM BREAKDOWN BELOW.

AGREEMENT: If approved, I understand that: 1) the grant amount ranges depending on individual circumstances and available funds; 2) this grant may take up to 10 business days to process; and 3) by submitting this application, I agree to allow the college to communicate with various departments (e.g. financial aid, fiscal services, admissions and records, discipline files, etc.) to determine my eligibility. I certify that all information provided on this request is current and accurate and understand that final decision is not appealable.

STUDENT SIGNATURE: _____ **DATE:** _____

If you would like to donate to this fund in the future, you can do so by contacting the Foundation Office at (626) 914-8825.

OFFICE USE ONLY

Student Affairs (has not applied previously/no discipline)

Staff Initials: _____

Financial Aid (eligible/enrolled in 6 units/unmet need \$_____)

Staff Initials: _____

Fiscal Services holds

Staff Initials: _____

FUNDING SOURCE: Emergency Grant (6 units) Foundation Grant (12 units) VSC Grant

RESULTS: APPROVED DENIED _____ | **CONTACTED STUDENT:** EMAILED STUDENT CALLED STUDENT

DATE: _____