

# STUDENT EMERGENCY AID REQUEST FORM

The purpose of the Virginia Commonwealth Emergency Assistance Fund is to provide short-term financial assistance to enrolled undergraduate students with demonstrated financial need who experience unforeseen emergencies that would disrupt progress to term completion or degree attainment at Wytheville Community College.

**Examples of eligible emergency expenses include, but are not limited to:**

Food, Natural Disaster (Fire, Tornado, etc.), Vehicle Breakdown/Accident, Temporary Housing, Technology Replacement, Transportation (Repairs or Service), Emergency Child-care

**Emergency Fund Eligibility**

- A. Student must be enrolled and meet satisfactory academic progress standards.
- B. Student must have submitted a complete federal FAFSA or, if not eligible to file the FAFSA, the state VASA application. Recipients must be up to date with all institutional requests for documentation needed to complete the financial aid process.
- C. Student must demonstrate student financial need, as defined by the institution.
- D. Students can apply for emergency assistance funding no more than once per academic year.

Student Name: \_\_\_\_\_

E. Student ID # \_\_\_\_\_

Student Email: \_\_\_\_\_

F. Contact Number: \_\_\_\_\_

Please list what areas you need assistance with (i.e. Housing, Technology, Transportation, Food, Other and please describe) Documentation may need to be provided depending on the need.

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Amount of Funds Requested: \$ \_\_\_\_\_

I certify that all information provided on this form is true and complete to the best of my knowledge. I understand that I may need to provide additional information if it is requested. Sign and date below to acknowledge this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Internal Use Only</b>	
<input type="checkbox"/> Request Approved for \$ _____	<input type="checkbox"/> Request Denied
Student Notified (email/phone/text) Date _____	<input type="checkbox"/> Not Enrolled
	<input type="checkbox"/> Incomplete Application
Foundation Source Code: _____ _____	<input type="checkbox"/> Unavailable Funds
	<input type="checkbox"/> Request Not Unforeseen/Catastrophic
	<input type="checkbox"/> Unsatisfactory Academic Performance
_____	<input type="checkbox"/> Other
Authorized Signature _____	Date _____