Emergency Grant Application _____

STUDENT INFORMATION		
First Name:	Last Name:	DOB:
Address:		
City:	State:	ZIP Code:
Phone Number:	Email Address:	
SCHOOL INFORMATION		
Student ID:	Current School:	
Request Date:	Grade Level:	Requested Amount:
Category of Aid:		
☐ Utilities ☐ Rent/Housing ☐ Medical/D	ental □Vehicle Expenses □Gas □P	ublic Transportation Pass □ Childcare □ Food □ Other
The information requested below will not	be considered in the evaluation of you	r application.
Gender: □ Male □ Female		
Marital Status: □ Divorced □ Living with	h domestic partner □ Married □ Sepa	rated □Single □Widowed
Number of dependents:		
Ethnicity: ☐ Hispanic or Latino ☐ Not His	spanic or Latino	
Race (Mark one or more races to indicate wh	at you consider yourself to be):	
☐ American Indian or Alaskan Na	ative □ Asian □ Black or African Amer	ican
☐ Native Hawaiian or Other Pacif	ñc Islander □White	
English as a second language: □Yes □N	No	
Did either of your parents complete an associ	ciate's degree or higher? □Yes □No	
Veteran: □Yes □No	Foster ch	nild: □Yes □No
Company, or their representatives, as part of Pr	roject Success. I understand that my informa hared include, but are not limited to: studen	e shared with the Department of Education and Trellis tion will not be sold for any purpose and will not be t name and ID, enrollment status, annual income, EFC,
PRINT FULL NAME HERE:		
Signature:		
Date:		
FOR SCHOOL USE ONLY		
Award decision date:	Fully paid date:	Directed to services? (specify)
Term: Year:	Total requested amount:	Category of aid: ($U/R/M/V/G/P/C/F/O/I$)
Total award:	Total denied:	Total paid:
Reenrollment data: (enrolled; graduated; trans	sferred; not enrolled)	