



STUDENT EMERGENCY FUND AGREEMENT

The Southeast Technical College Foundation, in cooperation with the Southeast Technical College Office of Student Success, has developed this fund agreement to assist STC students who have an unforeseen financial emergency that would otherwise prevent them from continuing their education at Southeast Tech. Requests must meet the eligibility criteria below to be considered. Payments will be made directly to the vendor where a financial emergency exists and cannot be used to resolve financial issues at Southeast Technical College.

ELIGIBILITY

Students must be in good academic standing and not removed from any courses due to attendance regulations.

1. Funds are only accessible after the first 10 days of the semester.
2. The recipient must be an STC student registered for a minimum of 6 credits in the current semester when the fund would be provided (applicants with less than 6 credits can request a waiver).
3. Recipients must demonstrate a current financial need with documentation that cannot be met by other means or financial aid.
4. Funds are not for educational expenses that are covered within the financial aid process (e.g., course materials).

SELECTION CRITERIA

Applications will be considered by a committee established by the Vice President for Enrollment Management and Student Affairs. Funds are limited and restricted to emergency situations.

APPLICATION PROCESS

1. Application must be complete.
2. A letter from the student outlining the hardship and reason for the request must accompany the application.

SELECTION PROCESS

Applications will be routed to the Director of Student Success. The director will then consult the committee to review the student's application.

AWARD

The maximum loan amount per student is \$500 total.

Student Name: _____ Student ID Number: _____

Emergency Loan # _____ Program: _____

of Semesters at STC: _____ Expected Graduation (Term/Yr): _____

Contact Number: _____ E-mail Address: _____

Statement of Need. A Statement of Need must accompany this application stating what caused the shortage of funds.

Vendor/Company Name: _____ Amount: _____

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Vendor/Company Name: _____ Amount: _____

Maximum amount allowed per student is \$500.00

Total Amount of Loan: _____

Continued on back

STC Emergency Fund Agreement

Student must acknowledge and sign below before review of application takes place.

I attest that the statements made on this application and in any supporting documentation are accurate. By submitting this application, I give permission for the application committee to consider my financial need and academic eligibility.

Student Signature: _____ **Date:** _____

Timelines of the process: In order to determine the level of need and dedication of the student who is requesting the emergency funds, the committee will be taking the following steps:

1. Review the Statement of Need.
2. Review the student attendance status in courses, coursework completion rates and grades.
3. Verify that the student's current financial need cannot be met by other means. An application for federal aid is required (i.e. FAFSA).

Pending the student's response time and information, the committee will determine if the loan request is approved.

SUBMIT FORM:

To submit the Student Emergency Fund Agreement, complete this form and send to Susanne Huizing at susanne.huizing@southeasttech.edu.

This process may take up to five working days or more.

Denied Reason: _____

Approved Amount: _____ Decision Date: _____

Signature _____ Funding Source/ Account Name: _____

Student Pick-up:

I have received a copy of this agreement and the funds as indicated, and I agree to all the terms and conditions as written.

Student Signature: _____ Date: _____

Witness: _____ Date: _____