

Olive Bridge Emergency Scholarship Application

This scholarship is to support and assist students facing **temporary and surmountable financial difficulties and/or emergencies**. Our goal is with this assistance to ensure the student is able to remain enrolled and complete studies.

Date: _____ Phone: _____
Name: _____ Student ID: _____
Address: _____ Major: _____

The maximum amount awarded is \$500; awards are limited to one per student each academic year.

Awards shall be made to full- or part-time students at Southwestern Oregon Community College who need assistance with temporary financial difficulties or emergencies. Preference shall be given to students with continuing financial need and who are planning to earn degrees or certificates in health care-related programs.

1. Please explain in detail what your financial emergency is and how a grant from the Olive Bridge Emergency Scholarship fund will help you.
2. How much money do you need to get through this emergency? Please explain or detail expenses.

