

GED EMERGENCY AID SCHOLARSHIP APPLICATION

SCHOLARSHIP DESCRIPTION:

This Southwestern Foundation GED Emergency Aid Scholarship is for Southwestern Oregon Community College students currently enrolled in GED courses who are facing temporary and surmountable financial difficulties and/or emergencies. Our goal with this assistance is to ensure the student is able to remain enrolled and complete their studies. **Awards are limited to ONE PER STUDENT each academic year. Students must complete the entire application and meet all criteria listed below for award consideration:**

- ✓ *Must be 16+ years old*
- ✓ *Agree to complete all required CASAS assessments*
- ✓ *Recommendation from Southwestern faculty/staff*
- ✓ *Student currently enrolled in Southwestern's GED program*

APPLICATION:

Name: _____ Date: ___ / ___ / _____ Student ID#: _____
 Email: _____ Phone: (____) _____ - _____ Birthdate: ___ / ___ / _____

1. **Explain in detail what your financial emergency is and how financial assistance will help you. Include specific costs (i.e. how much money you will need to get through this emergency). Feel free to attach any associated forms.**

2. **What other resources/agencies have you looked into for help with this emergency?**

3. **How will your attendance or performance at SWOCC be impacted if you do not receive financial help with this emergency?**

SIGNATURE: _____ *By signing this form, I verify all information provided is accurate and truthful and that I may be required to provide documentation for proof of fees, services and purchases associated with this application. I understand the Foundation may share my application and any associated materials provided with scholarship processing and review staff, donors and selection committees for determining eligibility and selecting awardees.*

STUDENTS SUBMIT COMPLETED APPLICATION TO:

COOS CAMPUS – Drop off at 1988 Newmark Ave., Coos Bay, Transitional Education Office (Tioga Hall, 3rd Floor)

CURRY CAMPUS – Drop off at any of Southwestern's Curry Campus Office locations

*****SOUTHWESTERN FACULTY/STAFF RECCOMENDATION – Faculty/staff to complete this section*****

(1) Recommended By: _____ Date: ___ / ___ / _____

(2) Approved By: _____ Date: ___ / ___ / _____

Comments (Optional): _____

STAFF EMAIL FINAL APPLICATION TO SWOCC FOUNDATION: foundation@socc.edu | Tioga 503 | 541.888.7211 | 541.888.7209