



## Emergency Need Fund Application

Columbia Basin College Foundation's Emergency Need Fund was established to assist students who are experiencing an unforeseen financial crisis that is creating a barrier to their student success. The fund provides grants of less than \$1100 to students who are experiencing a one-time financial hardship that is unlikely to occur again. Students must currently be taking 12 credits and be making satisfactory academic progress to be considered. (Exceptions may be considered for students 12 credit hours or less from completion). Grants are available on a first come, first serve basis and are subject to available funding. Students will be notified within five business days of the status of their request.

To be considered, please complete the attached form, including documentation of the expenses. Please return the form to the CBC Foundation Office, located in building AF on the Pasco campus.

NAME \_\_\_\_\_ CBC ID \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

# OF CREDITS ENROLLED \_\_\_\_\_ MAJOR \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

HAVE YOU APPLIED BEFORE YES / NO IF YES, WHEN? \_\_\_\_\_

PLEASE PROVIDE A BRIEF STATEMENT EXPLAINING WHY YOU ARE REQUESTING EMERGENCY NEED FUNDING.

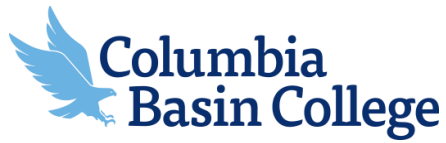
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PLEASE EXPLAIN OTHER FUNDING SOURCES YOU HAVE APPROACHED AND WHAT SUPPORT YOU HAVE RECEIVED.

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IF APPROVED, FUNDING IS PAID DIRECTLY TO VENDORS ON YOUR BEHALF.

VENDOR NAME \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_  
\_\_\_\_\_

By signing below I certify that the information in my application is true and correct and that I will use funds to meet the purpose identified in the application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Staff Use only:**

APPLICATION  Approved  Denied

CHECK #

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_