HANCOCK STRONG STUDENT EMERGENCY FUNDS
PARAMETERS AND INSTRUCTIONS

The Program: The OFTC Foundation North Hancock Strong Student Emergency Fund was established to assist Hancock County residents currently enrolled as an OFTC Campus student. Students must find themselves in an emergency situation and be at risk of not continuing their education due to unexpected financial dilemmas. OFTC Foundation North is committed to supporting student success. A student may be assisted through the emergency fund only ONE time per calendar year of their tenure at OFTC.

Eligibility Requirements:

- Students must be a resident of Hancock County as verified by their mailing address on file with Oconee Fall Line Technical College.
- Students must be enrolled as a Hancock County Center, North Campus or Jefferson County Campus student in the current semester at Oconee Fall Line Technical College.
- Cumulative GPA must be a 2.0 or higher.
- Students must be enrolled in a minimum of 6 credit hours at OFTC.
- Student must demonstrate “emergency” financial need.
- All other sources of financial assistance must be exhausted before making application for funds.
- Students cannot be on Financial or Academic Suspension.
- Student cannot have an outstanding balance owed to OFTC for books, tuition, or fees.
- Students must understand this program is on a case-by-case basis and subject to available funds.

Expenses Potentially Covered by the Emergency Fund:

- Significant uncovered medical expenses related to self, spouse, or child.
- Medications and other costs related to medical care.
- Emergency medical costs.
- Safety needs (i.e. changing a lock, broken window or door, etc.)
- Automobile repairs (replacement of a tire, and minor car parts that affect the ability of the automobile to run).
- Loss of housing due to natural disaster, fire, flood, etc.
- Transportation needs (gas)
- Basic essential household utilities (gas, electric)
• Basic childcare
• Food

Expenses NOT Covered by the Emergency Fund:

• Tuition, fees, health insurance, and book costs (Lending Library should be used for books).
• Non-essential utilities (i.e. cable, internet, cell or land phone charges).
• Costs for entertainment or recreation.
• Costs for non-essential expenses.
• Automobile maintenance costs (i.e. oil change, fluid changes, wipers, etc.).
• Household maintenance costs due to neglect.

Emergency Fund Application Steps:

• Complete the Request for Student Emergency Fund.
• Financial Aid Office must complete the Financial Aid Portion of the Application.
• OFTC faculty member, counselor, advisor must complete the Enrollment Verification Portion of the Application.
• Business Office must complete the Accounting Portion of the Application.
• Copies of original invoice costs must accompany application.
• Submit application package to North Campus Office of Institutional Advancement (Room 301H) in Sandersville.
HANCOCK STRONG GENERAL EMERGENCY FUNDS APPLICATION FORM

Student Name: __________________________ Date: ______________

Student ID #: ____________________________________________________________________________

Mailing Address: __________________________________________________________________________

Email Address: ____________________________________________________________________________

(Please use the email address you check most frequently)

What are your plans as they relate to your future educational goals and aspirations?

____ Earn college credits and transfer to four year college

____ Enter workforce

____ Other (briefly explain) __________________________________________________________________

Do you plan to remain in Hancock County upon completion of your program of study at OFTC?

____

Please briefly explain what you are seeking assistance for and why:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Amount of funds Requested (cannot exceed $500.00) $_____________

Include copies of original receipts/price lists from vendors, insurance claims, bills, etc.

Are you currently employed? ____ Full time____ Part time____ Varied Schedule

How long have you been employed there? ________

Employer: ______________________________________________________________________________

Title: __________________________________________________________________________________

How many members of your household are you responsible for? ____

I have already received assistance from: (check all that apply)

Lending Library ___ Work Study ___ Disability Services ___ WIA ___

Food Stamps ___ TANF ___ Medicaid ___

Other ___ (Please list) __________________________________________________________________

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VERIFICATION PAGE (Students DO NOT Complete This Portion!)
Financial Aid Office Must Complete Financial Aid Portion:
Is this student receiving the PELL Grant for the current year? _______________
If so, how much? _______________
Is this student currently receiving HOPE Grant/Scholarship for this current year? ______
Is this student receiving any other type of financial aid (including scholarships and/or loans)? _______________
If so, what type and how much? _______________
Does this student participate in the Work Study Program at OFTC? _______________
Is this student on Financial Aid suspension? ______
Name and Signature of OFTC Financial Aid Representative: _______________

Advisor, Instructor or Counselor MUST Complete Enrollment Verification Portion:
Enrollment Status: _____Full Time____Part Time
Program of Study: _______________
In which type of program is student currently enrolled?
___Technical Certificate___Diploma___Associate Degree
When did student start at OFTC? ___________ Anticipated Completion Date: __________
Cumulative GPA: _____Is student on any type of Academic Suspension? ______
Which OFTC campus does student attend: _______________
How many semesters has student attended OFTC: ___________
Name and Signature of OFTC Instructor/Advisor completing this portion: _______________

Business Office Must Complete Accounting Portion:
Does this student owe OFTC any type of outstanding balance for tuition, books or fees?
_____ Yes_____ No If so, how much is owed OFTC and for what? $ _______________
Name and Signature of Business Office Representative completing this portion: _______________