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) ____________________________________________

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

Amount of funds Requested (cannot exceed $100.00) $_____________

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) ____________________________________________________________________________

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:
____________________________________________________________________