



## Student Emergency Assistance Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone Number \_\_\_\_\_

Program of Study \_\_\_\_\_  Full Time (12 or more hours)  Part Time (less than 12 hours)

**Eligible Expenses:**

Child Care, Food/Meals, Gas, Housing/Rent, Medical/Dental Expenses, Personal Automobile Expenses, Public Transportation/Bus Pass, Utilities

**To Qualify:**

1. Student must be currently enrolled at Edison State Community College
2. Expenses of up to \$500 will be considered
3. Student permitted to receive funds once, no repeat applications will be accepted

**The Process:**

1. Student must complete and sign this Student Emergency Assistance Fund Application
2. The Dean of Student Affairs will review the application, request any required documentation and determine approval or denial
3. If approved, the Dean will work with the Administration and Finance Department to make payment directly to the vendor the student has indicated is in need of payment. The application will remain on file with the Administration and Finance Department and Dean of Student Affairs
4. If denied, the application will remain in the student's records and registration file

Are you receiving Financial Aid?  Yes  No      Number of Dependents: \_\_\_\_\_

Ages of Dependents: \_\_\_\_\_

Do you work Full Time?       Do you work Part Time?

Please attach a detailed description of the emergency/unforeseen circumstance that may prevent you from continuing your education at Edison State and how this monetary gift could help you to maintain your schedule of classes. (500 words or less)

Send electronically to the Dean of Student Affairs, Dr. Jessica Chambers at [jchambers2@edisonohio.edu](mailto:jchambers2@edisonohio.edu) or drop in-person at the Student Affairs offices at the Piqua or Darke County campuses.

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