



Western Nebraska Community College
FOUNDATION

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Request for Student Emergency Funds

Full Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
WNCC ID	<input type="text"/>	Phone	<input type="text"/>		
Anticipated Grad Date	<input type="text"/>	Email address	<input type="text"/>		
Amount Requested	<input type="text"/>	Hometown	<input type="text"/>		
Date of Request	<input type="text"/>	Program of Study	<input type="text"/>		

Place a check next to any items with which you need emergency assistance

- Tuition
- Textbooks and school supplies (books, class materials, paper)
- Housing needs such as residence hall or rent
- Personal effects (clothing, shoes, toiletries)
- Food
- Bills (electric, telephone, medical)
- Travel costs related to a sudden death or illness in the immediate family
- General household (bedding, furniture, dishes, utensils)

Other

Describe in detail the emergency event or situation (Attach additional pages if needed).

What would funding be used for? Please include an itemized description with prices, amounts, payment due dates and other pertinent information. (Attach additional pages and documentation if needed).

Is this request for a reimbursement of funds already spent?

If yes, please attach receipts No

Have you used or researched other potential assistance, such as WNCC food pantry, internal/external scholarships, Gap or Ace funding, Pell grant, other grants, work study, loans, general scholarship, etc. (Please list)

Have you received monies from the Emergency fund before?

Yes No

How did you hear about the emergency fund?

Are you currently employed?

Yes No

If yes, how many hours?

If no, list reasons for not having or seeking employment

Please list all employers

Please list all campus and/or community involvements and other time commitments.

Please provide any other information that you feel the committee should know (Attach additional pages if necessary).

I certify that by checking the accept box that the answers given herein on this application are true and complete. I give permission for committee members to speak with necessary WNCC departments to obtain and verify my information. I understand I may be asked to meet with the committee as necessary. I also understand that any fraud or intentional deception on my part can lead to disqualification. I acknowledge that I will be held responsible for reimbursing funds if awarded should there be evidence that my statements are not true and complete.

I accept these terms

Current Date

Submit this form to the Western Nebraska Community College Foundation, 2620 College Park, Scottsbluff, NE 69361. Please contact us at 308-630-6571 or at alumni@wncc.edu if you have questions.

Signature

Application Approved

Amount Awarded

Date Approved

Date Notified

Date Check Picked Up

Check Number