

Name: _____ SID number: _____

Opportunity Grant

Emergency Funds Application

I am requesting Opportunity Grant Emergency Funds assistance for:

1. Quarter and Year: _____

2. Describe emergency: _____

3. Dollar amount (attach supporting documentation): _____

By signing below:

- I certify that the information on this application is true and correct.
- I understand that funding is dependent upon funds availability and eligibility.
- I will use the emergency funding for the intended purpose as described above.

Student Signature _____

Date: _____

Approval: _____

Date: _____

Sharon Norman
Opportunity Grant Coordinator, SSCC

