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