**Student Application for Emergency Grant**

**Hurricane Florence Disaster Recovery Fund**

**Robeson Community College**

Student Request

Date: Click or tap to enter a date.

Name:

ID:

Address:

Best Phone:       – Text: Yes  No

Best email:

Describe the details of the financial need related to the impact of Hurricane Florence that must be resolved for you to stay enrolled.

How much funding are your requesting?

What will the funds be used for? (initial each statement and sign below)

\_\_\_\_\_ I understand that by receiving this grant that I must use my best efforts and take all reasonable steps to obtain alternative funds to cover the losses or needs for which the grant is provided, including funds from insurance policies in effect, any available federal aid such as FEMA, and any other sources of aid that may be available.

\_\_\_\_\_ I understand that if I obtain funds from another source to cover the losses or needs for which the grant is provided, I must return the amount of the grant that was covered by the funds from another source to (College).

Student Signature

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Acceptance of these funds could result in Tax consequences resulting in a 1098T or a 1099 Misc.\*\***

College Review

Student Eligibility

Student is enrolled in the institution of higher education at the time of application.

Yes  No

Student has a financial need related to the impact of Hurricane Florence.

Yes  No

Indicate the State Criterion making the Student Eligible

Student was enrolled as of September 10, 2018, in a college located in a county designated under a major disaster declaration by the President of the United States under the Stafford Act (P.L. 93-288) as a result of Hurricane Florence.

Yes  No

Student resided, as of September 10, 2018, temporarily or permanently, in a county designated under a major disaster declaration by the President of the United States under the Stafford Act (P.L. 93-288) as a result of Hurricane Florence. Y/N

Yes  No

<Insert any College Eligibility Criteria>

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Category: | Transportation | Textbooks | Tuition | Fees | Living Expenses | Other  (explain below) |
| Amount  Approved: |  |  |  |  |  |  |
| Explain Other Amount Approved: | | | | | | |

Reason for Adjustment to Approved Amount (if different than Amount Requested):

Approval Date: Click or tap to enter a date.

Approval Semester: Choose an item.

Disapproved Date: Click or tap to enter a date.

Reason for Disapproval:

Name & Signature of College Staff:

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Processing

Date Submitted to Financial Aid:

Review Completed by Financial Aid: Date:

Date Submitted to Business Office: