East Central College
Emergency Scholarship Application

Name: _____

Date of Birth: _____ Student ID#: _____ Phone: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Cell Ph: _____ Email Addr: _____

Enrollment Status (circle one):   FULL TIME   or   PART TIME

Credits earned to date: _____ Credits currently enrolled: _____ Cumulative G.P.A. _____

Degree or Certificate Sought: _____

After completion of my studies at East Central College I plan to:

_____ enter the workforce

_____ transfer to a 4-year school (list if known _____)

_____ other, please briefly explain: _____

_____

Briefly describe the expense(s) these funds will be used for:

_____

_____

_____

Have you completed the Free Application for Federal Student Aid for this year? Yes or No

Are you currently receiving any other scholarship or financial aid?   Yes or No

Application Checklist

ALL of the following must be submitted before your application will be considered complete and only completed applications will be evaluated.

    _____   Complete Application Form

    _____   Letter of application explaining the nature of the emergency

    _____   Documentation of need (receipt, bill, estimate, etc.)

Certification

I hereby certify that the information provided is complete and accurate to the best of my knowledge. I agree to allow East Central College to share information about my application with the East Central College Foundation.

Applicant Signature _____ Date:_____

Printed Name _____