

BC3 Emergency Student Grant Aid Application

Funded by the BC3 Alumni Emergency Fund & the Emergency Grant Aid Fund

The **BC3** Emergency Student Grant Aid Program provides emergency financial support to students for unplanned expenses that may affect their ability to attend or continue to attend BC3. The BC3 Education Foundation will issue payment directly to the vendor. To qualify to receive BC3 Emergency Student Grant Funds, you must have completed the FAFSA, have earned at least 6 credits, have a minimum GPA of 2.0, and be enrolled in 6+ credits. Funds are limited and there is a \$500 lifetime limit. Applications will be reviewed on a weekly basis.

STUDENT INFORMATION

NAME	BC3 STUDENT ID #
EMAIL	CELL
EMERGENCY EXPENSE REQUEST(S	5) ** <u>ATTACH ORIGINAL BILLS / INVOICES FOR PAYMENT</u> **
	MPANY □ PHONE □ AUTO REPAIR □ FUEL □ WATER R PAYMENT □ OTHER
Amount Requested \$	
Emergency Funds Requested For:	
1) REQUEST PAYMENT TO (COMPANY/I	NAME)
ACCOUNT NUMBER	
ADDRESS	CITY
STATE ZIP	PHONE NUMBER ()
2) REQUEST PAYMENT TO (COMPANY/I	NAME)
ACCOUNT NUMBER	
ADDRESS	CITY
STATE ZIP	PHONE NUMBER ()

Please describe your circumstances and how they affect your	ability to co	Tremae te	ratteria Bes.
☐ I certify that the information provided in this application is accurate	and true to th	ne best of r	my knowledge.
			/
NAME (PRINT)			
To Be Completed By Program Facilitator:			
PAPERWORK RECEIVED: ☐ APPLICATION ☐ BILLS, RECEIPTS, INVOICES, ETC.			
CUMULATIVE GPA # OF EARNED CREDITS # OF CURRENT CREDITS _			
FAFSA COMPLETED REFERRAL SOURCE: ☐ Financial Aid ☐ Faculty ☐ Stu	udent □ Other		
Amount of previous BC3 Student Emergency Grant Aid award(s) \$	(\$500 Total	Lifetime N	laximum)
□ APPROVED GRANT AMT \$			
□ DENIED Reason for Denial			
Committee Member Authorization		DATE	