SAINTS FOUNDATION OF SHAWNEE COMMUNITY COLLEGE

STUDENT AND EMPLOYEE SUPPORT FUND

The Shawnee Community College Student and Employee Support Fund is designed to provide emergency financial assistance to employees and students who suffer sudden, non-recurring, unplanned economic hardship due to emergency such as an accident, illness, injury, fire, or other unexpected crisis. The program is not intended to provide financial assistance for pervasive financial struggles. Economic hardship indicates that current financial obligations and normal living expenses cannot be met through typical means. Applicants are expected to have made reasonable efforts to address the hardship prior to application. SCC students are expected to contact the Financial Aid Office prior to applying. If approved, payment will typically be made directly to the applicable third-party (e.g. a creditor or vendor, such as utility company, medical provider, SCC Bookstore, etc.). Only under rare and extenuating circumstances will an applicant receive a direct reimbursement of expenses or gift cards for purchases. In these situations, significant financial documentation of expenses and/or appropriate purchase(s) will be required. Individuals can apply when they feel they have an economic hardship meeting the criteria of the program. However, individuals can only receive, at a maximum, one funding opportunity, regardless of amount, per calendar year. Maximum financial assistance is up to $500.00. Payment may not be immediately available, as application and financial processing may take 1-2 weeks.

To apply, complete this application and include the supporting documentation related to the emergency and financial need (i.e. medical bill, eviction notice, utility documentation notice) requested. Submit to the Saints Foundation office. All identifying information from your application and documentation will be kept confidential and presented to the Student and Employee Support Fund Committee for funding determination. For more information about the Fund, eligibility, and process, please contact the Saints Foundation office at 618-634-3260, or by email to saintsfoundation@shawneecc.edu.

PERSONAL INFORMATION

Name: _____
First Name Last Name

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (_____) _____ **Cell** (_____)_____ **Work**

Email Address: _____

SHAWNEE COMMUNITY COLLEGE INFORMATION- EMPLOYEE

SCC ID# _____ **SCC Start Date:** ____/____/____

Employee Status: ☐ **Full-Time** ☐ **Part-Time** ☐ **Leave**

Position/Department: _____

SHAWNEE COMMUNITY COLLEGE INFORMATION - STUDENT

SCC Student ID#_____ **SCC Start Date:**_____/_____/_____

SCC Student Enrollment Status: ☐ **Full-Time** ☐ **Part-Time**

Have you previously applied to The Support Fund? Yes ☐ **No** ☐

If Yes, When: _____/_____/_____

APPLICANT: By signing, you are indicating you have read and agree with the statements below.

1. I declare that all information presented about my request for assistance is complete and correct. I am aware that knowingly making untrue statements and any deliberate misrepresentation or withholding of facts will result in a rejection.
2. Providing false information could also result in a demand for repayment and further employment/student action.
3. I give the program administrators consent to disclose information to the Support Fund Committee.
4. If my application is approved, I give permission to SCC to process the financial paperwork and contact of payee if necessary.
5. I understand that a copy of my application will be retained for SCC records.
6. I understand that confidentiality pertaining to my application and details of my hardship will be respected, but cannot be guaranteed.

APPLICANT NAME (Printed): _____

APPLICANT SIGNATURE: _____

DATE (Month, Day, and Year): _____

DETAILS OF HARDSHIP

Explain the emergency circumstances and the financial hardship.

Have you taken any steps to resolve the hardship? Yes ☐ No ☐
If yes, explains steps you took:

How much financial assistance are you requesting? $ _____
Monies will be used for:

PAYMENT INFORMATION

Pay To Information: (Third party creditor or the vendor that the check will be mailed to)

Payee Name:

_____

Account Number: _____

Pay To Address: _____

City: _____ **State**:_____ **Zip**_____

Phone: (_____)_____

SUPPORTING DOCUMENTATION

Official documents are required to be submitted related to the emergency and financial need. Please provide documentation that explains your economic hardship and supports your application. Examples of document(s) to provide related to the emergency and financial hardship.

- ☐ Mortgage statement
- ☐ Verification of rent
- ☐ Utility Bill
- ☐ Car statement (monthly payment)
- ☐ Insurance statement (vehicle/property)
- ☐ Textbooks (SCC Bookstore invoice)
- ☐ Uniform (required for course work)
- ☐ Service/Repair (estimate or invoice)
- ☐ Credit Card statement
- ☐ Medical Bill
- ☐ Dental Bill
- ☐ Childcare bill or statement from provider
- ☐ Online Learning Fees
- ☐ Other (explain below)

Any additional information or extenuating circumstances you would like to explain: