SAINTS FOUNDATION OF SHAWNEE COMMUNITY COLLEGE SAINTS CARE FUND

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 (H2069).** 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

First Name: _____ **Last Name:** _____

Address: _____

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

Phone Number: _____ **Email:** _____

SCC ID: _____ **SCC Start Date:** _____

STUDENTS ONLY: SCC Enrollment Status: Full-Time _____ Part-Time _____

FACULTY ONLY: Employment Status Full-Time _____ Part-Time _____ Leave _____

Have you previously applied to the Saints Care Fund? **Yes** _____ **No** _____

If yes, When: _____

Please submit a **separate written statement** that addresses the following:

1. **Explanation of Emergency Circumstances and Financial Hardship**
   Provide a detailed explanation of the emergency situation and the financial hardship you are currently experiencing.

2. **Have you taken any steps to address or resolve this hardship?** **Yes** _____ **No** _____

   If yes, please explain the specific actions you have taken (e.g., payment arrangements, employment efforts, community resources, family assistance, etc.).

3. **Amount Requested and Intended Use of Funds**
   Specify the total amount of financial assistance you are requesting and provide a clear explanation of how the funds will be used (e.g., rent, utilities, textbooks, transportation, medical expenses, etc.).

Saints Foundation
of Shawnee Community College

The Saints Care Fund provides emergency financial assistance (up to **$500 per calendar year**) to students and employees facing sudden, non-recurring hardships such as accident, illness, injury, fire, or other unexpected crises. It is not intended for ongoing financial struggles.

Applicants must first make reasonable efforts to address the hardship; students must contact the Financial Aid Office before applying. Approved payments are typically made directly to a third party (e.g., utility company, medical provider, SCC Bookstore). Direct reimbursements or gift cards are rare and require strong documentation.

Processing may take 1–2 weeks.

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.

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

Payee Name: _____ **Account Number:** _____

Address: _____

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

Phone Number: _____ **Email:** _____

APPLICANT NAME (Print): _____

APPLICANT SIGNATURE: _____

DATE: _____

2.24.26(smb)