



Texas College
Student Emergency Grant Funding Application

Texas College now provides an Emergency Grant funded through TG. Texas College students may be eligible for this source of funding when they need assistance with emergencies that are unexpected situations and cannot be planned. Please review the "Important Information" and "Eligibility Criteria" listed below before completing this application.

Students may submit completed applications to the Office of Financial Aid located in the Willie Lee Glass Building room 126 or as a scanned PDF attached to an email from their Texas College email account to financialaid@texascollege.edu

Important Information

1. This fund is given only ONE time during a student's academic career at Texas College.
2. This fund typically does not exceed \$500.
3. This emergency grant does not cover school expenses (parking, fees, fines, tuition, books, supplies, required lab equipment, room or board, extra-curricular activity equipment or fees, etc.)
4. If approved funding must be sent to vendor, invoice for emergency **MUST BE** provided.

Eligibility Criteria

1. Student must exhaust all other financial resources.
2. Student is currently enrolled in the semester in which they are applying for the grant.
3. Funding requested is for an emergency caused by extenuating circumstances.
 - a. The emergency must not have been caused by the student's own negligence.
 - b. The emergency must not have been caused by the student's lack of planning.
 - c. The emergency was beyond the student's control (e.g. a natural disaster or a non-fault accident).
4. Student will be required to provide **current** legitimate proof or documentation of emergency. (Ex: Invoice)
5. Student must meet with the Office of Financial Aid representative who reviews this application.
6. Student must print legibly in ink or type to complete application. Incomplete applications will be denied.

Student Information

Name: _____
Last First M.I. Maiden

Texas College ID# _____ Cell# _____ Texas College E-mail _____

Local Address: _____
Street Address Apt.# City State Zip

Next of Kin Information

Name: _____ Relationship _____ Phone # _____
Last First

Address: _____
Street Address Apt.# City State Zip

Office Use Only

Application Status: Approved / Denied

Decision Date: _____

Actual Amount Approved: \$ _____

Vendor Name: _____

Vendor Address: _____

Date Payment was made: _____

Form of Payment: Check / Credit Card

Verified by: _____