A-B Tech
Emergency Assistance Application

This assistance is for sudden and unforeseen circumstances that create a barrier to staying in college or completing a degree or credential. If approved and agreed by the student to process request as a loan, the funds will be paid back through financial aid. Students are NOT required to have financial aid if they are seeking a grant. The grant requirements must be met and certified by the Vice President for Student Services or designee in order to be considered for assistance.

Student Name: _____   **Student ID #:** _____

Best contact phone number: _____

Student Email: _____

All grants listed below require a minimum 2.0 cumulative GPA
Current cumulative GPA _____

Emergency Assistance Requirements (Maximum amount approved during an academic year is $250)
o   Must be currently registered and actively participating in classes when asking for assistance.
      Enrolled in _____ Program
o   Must not have used this grant or loan more than once per calendar year. To be verified by the VPSS Office.

Loan Requirements
o   Must have financial aid awarded for the current semester.
o   Must be receiving sufficient refund to cover the loan amount below. To be verified by the FA office.
o   Must be currently in good academic, disciplinary, and financial aid satisfactory status.

Finish Line Grant Requirements (Maximum amount approved each semester will be $1000)
o   Has unforeseen financial hardship
o   Completed at least 25% of postsecondary degree/certification
o   Cost of attendance not exceeded. To be verified by the FA Office.
o   18 years of age or older and not a dual enrolled high school student

Select from the following that indicates the highest level of need:
o   Transportation: Bus Pass
o   Groceries/Gas: Ingles Gift Cards
o   Mortgage/Rent:
o   Utility:
o   Tuition:
o   Other: _____

REASON FOR THE REQUEST (MANDATORY): Please explain the circumstances of your need and provide specific details for what you are requesting. **Include any documentation such as a copy of the bill that will be under review for possible payment.**

I agree to use the Emergency Assistance Loan or Grant to reduce the financial strain caused by the above circumstances. If funds are given as a loan, I also agree to sign an agreement that will allow A-B Tech to retrieve the loan amount from my financial aid refund before the remaining is released to me. I understand that if the loan is not returned, my account with A-B Tech will be frozen until the amount is returned. If payment arrangements are not met, I understand my account will be placed with a collection agency and turned over to the N.C. Department of Revenue pursuant to N.C.G.S. 105A, the Set-off Debt Collection Act, for collection. I will be responsible for any collection agency costs or fees incurred in the collection of this account. I attest that the above information is true and realize that providing false information can lead to disciplinary action.

Student Signature: _____ Date: _____

Check should be made payable to: _____ **Amount:** _____
(Check will not be made payable to the student)

　　　　　　　　　　　Address: _____

　　　　　　　　　　　City: _____

　　　　　　　　　　　Phone: _____

Check should be made payable to: _____ **Amount:** _____
(Check will not be made payable to the student.)

　　　　　　　　　　　Address: _____

　　　　　　　　　　　City: _____

　　　　　　　　　　　Phone: _____

Approval Signatures

_____
Vice President for Student Services or designee　　　　　　　　Date

_____
Foundation Office Executive (Foundation Funds)　　　　　　　　Date

For Office Use Only

Approve: _____　　　　　　　　**Amount:** _____
Loan: _____
Grant: _____
Denied: _____　　　　　　　　**Reason for denial:** _____

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GL Codes:

Healthcare Professionals	01-132-00-231712-21003	**Amount:** _____
Emergency Fund Loan	01-830-00-235000-25044	**Amount:** _____
Student Emergency Fund	09-832-00-235701-25011	**Amount:** _____
Finish Line Grant	11-559-80-560000-50019	**Amount:** _____