

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: _____

Are you a veteran? Yes No

Emergency Assistance Requirements - (Maximum amount approved during an academic year is \$250)

- ☐ Must be currently registered and actively participating in classes when asking for assistance.
Enrolled in _____ Program
- ☐ Must not have used this grant or loan more than once per calendar year. To be verified by VPSS office.

Loan Requirements

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

Finish Line Grant Requirements - (Maximum amount approved each semester will be \$1000)

- ☐ Has unforeseen financial hardship
- ☐ Completed at least 50% of postsecondary degree/certification
- ☐ Current cumulative GPA _____ (must be 2.0 or above)
- ☐ Cost of attendance not exceeded. To be verified by the FA office.
- ☐ 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:

- ☐ Transportation: Bus pass
- ☐ Groceries/Gas: Ingles Gift card
- ☐ Mortgage/Rent:
- ☐ Tuition:
- ☐ 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: _____
(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount _____

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(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount _____

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(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount _____

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

Address: _____

City: _____

Phone: _____

Amount _____

Approval Signatures

Vice President for Student Services or designee

Date

Business Office Executive (Bookstore Funds/Student Fees)

Date

Foundation Office Executive (Foundation Funds)

Date

For Office Use Only

Approved _____
Loan _____
Grant _____

Amount: _____

Denied: _____

Reason for denial : _____

Anticipated Completion Date

Date: _____

GL Codes:

Emergency Fund Loan

01-830-00-235000-25044

Amount: _____

Walnut Cove

09-832-00-235704-25011

Amount: _____

**Foundation Student
Emergency Fund**

09-832-00-235701-25011

Amount: _____

Finish Line Grant

11-559-80-560000-50019

Amount: _____

Business Office Signature

Date Processed