

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. All payments will be made directly to the vendor. 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: _____

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

- Must be currently registered and actively taking 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)

- Completed at least 50% of degree or credential program
- Current cumulative GPA _____ (must be 2.0 or above)
- Upon completion of program of study, plan to obtain full-time employment
- Legally able to work in the US (Finish Line Grant Requirement)
- 18 years of age or older and not a dual enrolled high school student

*****While processing your FinishLine grant application, your student information will be shared with the partnership, which includes NCWorks. Only your information that is required for evaluating and processing your application will be shared.*****

SELECT ONE OF THE FOLLOWING THAT INDICATES THE HIGHEST LEVEL OF NEED

- Transportation: Bus pass
- Groceries/Gas: Ingles Gift card
- Mortgage/Rent:
- Tuition:
- Support students affected by COVID-19. Type of assistance _____
- 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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City: _____

Phone: _____

Amount _____

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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

Financial Aid Representative If Applicable

Date

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: _____

Sent to WIOA for Review

Date: _____

GL Codes:

Emergency Fund Grant **01-830-00-560000-25044** **Amount:** _____

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 **01-132-00-231711-21003** **Amount:** _____

Business Office Signature

Date Processed