

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: _____

COVID Emergency Financial Aid Assistance Requirements

- Students must be referred to Student Services to obtain emergency assistance.
- Student must demonstrate financial need.

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 \$1,000)

- 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 ALL LEVELS OF NEED THAT APPLY

- Transportation: Bus pass
- Groceries/Gas: Ingles Gift card
- Mortgage/Rent:
- Tuition/Books:
- Other: _____

REASON FOR THE REQUEST (MANDATORY): Please explain the circumstances of your need and provide specific details for what you are requesting. (Example: if you are about to be dropped from a class for non-payment.) **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 _____

Check should be made payable to: _____
(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 _____

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 _____ Amount: _____
Loan _____
Grant _____

Denied: _____ Reason for denial: _____

Anticipated Completion Date Date: _____

Sent to WIOA for Review Date: _____

GL Codes:

COVID Emergency Grant 02-830-00-560000-25111 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 _____