

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: \$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 the VPSS Office.

Loan Requirements for financial aid students only

- 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 per semester: \$1000/Maximum per academic year: \$2000)

- Has an immediate, unforeseen financial hardship (within the past 30 to 45 days)
- Enrolled in a A-B Tech postsecondary degree/certification program
- Has a minimum 2.0 cumulative GPA or is the student performing at this level as attested by current instructors

Select from the following that indicates the highest level of need:

- Transportation: Bus Pass
- **Groceries/Gas:** Ingles Gift Cards
- **Mortgage/Rent:**
- **Utility Assistance:**
- 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: _____ 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: _____
Loan: _____
Grant: _____
Denied: _____

Amount: _____

Reason for denial: _____

GL Codes:

Foundation Trailblazer Promise	09-832-00-235701-25011	Amount: _____
Hurricane Helene – Disaster Relief	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	11-560-80-560000-50019	Amount: _____