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 nu	mber:
Student Email:	
All grants listed below Current cumulative GPA	require a minimum 2.0 cumulative GPA
 Must be currently reg Enrolled in 	e Requirements (Maximum amount approved during an academic year: \$250) gistered and actively participating in classes when asking for assistance. Program this grant or loan more than once per calendar year. To be verified by the VPSS Office.
	saster Relief Requirements (Maximum amount per semester: \$750) xpected financial hardship due to an unanticipated situation caused by Hurricane Helene.
 Must be receiving su 	aid awarded for the current semester. Ifficient refund to cover the loan amount below. To be verified by the FA office. good academic, disciplinary, and financial aid satisfactory status.
Has unforeseen fina Completed at least 2 Cost of attendance r	nirements (Maximum amount per semester: \$1000) ncial hardship 25% of postsecondary degree/certification not exceeded. To be verified by the FA Office. Ider and not a dual enrolled high school student
Transportation: Groceries/Gas: Mortgage/Rent: Utility Assistance: Tuition:	ng that indicates the highest level of need: Bus Pass Ingles Gift Cards
REASON FOR THE REG are requesting. Include any c	QUEST (MANDATORY): Please explain the circumstances of your need and provide specific details for what you locumentation 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	o the student) Address:		Amount:		
Check should be made payable to (Check will not be made payable to	Amount:				
	Address:				
	Phone:				
Approval Signatures					
Vice President for Student Service					
Foundation Office Executive (Foundation Offic					
For Office Use Only					
Approve:	Amount:				
Loan:	Reason for o	denial:			
Denied:					
GL Codes:					
Healthcare Professionals		-132-00-231712-21003	Amount:		
Hurricane Helene – Disaster Relief		-132-00-231712-21003	Amount:		
Emergency Fund Loan	01-	830-00-235000-25044	Amount:		
Student Emergency Fund		832-00-235701-25011	Amount:		
Finish Line Grant	11-	560-80-560000-50019	Amount:		