

Dreamkeeper Emergency Financial Aid Program

Scholarship America's Emergency Assistance Application

Please complete the following information:

1. Student Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ - _____ Email _____

CBC ID _____ Semester Hours Enrolled _____

2. Please describe why you need emergency assistance:

3. How much assistance are you requesting? \$ _____

4. Submit a copy of the bill and / or 2 estimates for requests dealing with repairs.

5. If applicable, please provide the name of the CBC advisor, faculty or staff member who understands the nature of your request _____

6. Who told you about this program? _____

7. Did you complete the FAFSA _____ Yes _____ No Total Awarded \$ _____

8. Attending Fall _____ 6-12 hours, Spring _____ 6-12 hours, Summer _____ 6-12 hours

9. Program of Study _____

10. Graduation Date _____

11. Permission to share your access story with potential donors _____ Yes _____ No

By signing this application, you state the facts provided are true and correct and authorize the Director of Financial Aid or Coastal Bend College representative to verify any information provided with the application.

Student Signature

Date

Director of Financial Aid Signature

Date

Coastal Bend College
Financial Aid Office
3800 Charco Road
Beeville, TX 78102

Phone (361) 354-2238
1-866-722-2838, ext. 2238
Fax (361) 354-2745

Mail, fax or deliver in person to:

Beeville Campus, Financial Aid Office, Cougar Center

Office Use Only		
Emergency funds disbursed	\$	Date
Disbursed to	Student	Vendor
Thank You Note Received		Date
Fall	Spring	Summer