

ATC FOUNDATION - CRISIS GRANT APPLICATION

Student Name: _____ Student ID # _____

Program: _____ Number of credits this term: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Cell #: _____

Tech Email: _____@my.anokatech.edu // Personal Email: _____

I am [unemployed / employed full time / employed part time / seeking work]

We'd like to get a better picture of your finances. Please fill in the amounts below.

MONTHLY EXPENSES ↓	MONTHLY INCOME ↓
rent / mortgage: \$	your employment: \$
car payment: \$	spouse/partner employment: \$
car insurance: \$	child support (received): \$
utilities: \$	county support: \$
cell phone: \$	student loans (total for term): \$ total
childcare: \$	student loans (/#mo. in term): \$ / month
weekly food: \$ x 4= \$ /mo.	other income: \$
weekly gas: \$ x 4= \$ /mo.	TOTAL INCOME: \$
credit card/loans: \$	TOTAL EXPENSES: \$
other expenses: \$	DIFFERENCE: \$ (+ / -)

Number of Dependent Children (17 and under): _____

Are you receiving Financial Aid? [Yes / No] If yes, are you taking out loans? [Yes / No]

[Yes / No] I have explored alternative crisis funding and/or county/community resources with the following agencies:

Note: Students who have not accessed available financial aid loans, explored alternative funding options, or met satisfactory academic progress standards may have limited crisis grant eligibility. Crisis Grants are not cash assistance, but in some cases funds can be directly applied towards essential bills. Due to limited funds, larger crisis grant amounts may be limited to students who have demonstrated previous semesters of academic success and progress in their academic program.

I am requesting help with [gas / food / other: _____]

Amount of money requested: [\$ _____]

Describe how this aid would assist you (use reverse for more space): _____

(Additional Space) _____

Student Signature: _____ **Date:** _____

(for office use only)

I agree that the above student meets the criteria for an Anoka Technical College Foundation Crisis Intervention Grant.

Student Services Staff Signature: _____ Date: _____

Foundation Signature: _____ Date: _____

Approved: ___ Yes ___ No \$ Amount Approved: _____

Received by Student (signature): _____

Foundation Notes:

Financial Aid Notes:

First semester student:	Term T & F:
SAP status:	Total Aid:
GPA:	Overage:
Previous CG Recipient:	Overage Date: