

# 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 Alternative 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 income:	\$ _____	Weekly food:	\$ _____
Monthly rent / house payment:	\$ _____	Weekly gas:	\$ _____
Monthly car payment:	\$ _____	Other:	\$ _____
Monthly car insurance:	\$ _____	Other:	\$ _____
Monthly utilities:	\$ _____	Other:	\$ _____

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 or explored alternative funding options may have limited crisis grant eligibility. Crisis Grants are not cash assistance, but in some cases funds can be directly applied toward 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 being requested: \$ \_\_\_\_\_

Please describe how this aid would assist you (use reverse for more space): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Additional Space) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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(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: