

SHORELINE COMMUNITY COLLEGE FOUNDATION

General Application for Assistance

Complete this application and **return it to the Foundation Office** to be considered for assistance.

16101 Greenwood Ave. N – room 1005, Seattle, WA 98133

Phone 206-533-6783 / 206 546-4755

FAX (206)546-4630

PLEASE PRINT OR TYPE INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: day cell evening (please circle) _____

PHONE: day cell evening (please circle) _____

Email address: _____

Student number: _____ Social Security number: _____

Are you a WA State resident? _____ Last previous quarter attended at SCC: _____

Quarter of Registration: Fall _____ Winter _____ Spring _____ Summer _____ 20____

Have you applied for Financial Aid? Yes ___ No ___ Approximate date of application: _____

Have you received your award letter: Yes ___ No ___ Amount of financial aid you are expecting: _____

Are you enrolled in any of the following programs: Worker Retraining ___ Work First: ___ CEO: ___

Opportunity Grant ___ Basic Food Employment and Training ___ Running Start ___

Do you currently have a degree? _____

Major field of study: _____ GPA: _____

Please explain in detail the amount of assistance you need, why you need it, and what positive results will happen if you are granted assistance. Attach your past class history and financial aid award letter and/or verification of aid or denial of aid. **You must submit a current print out of your schedule.** A copy of your latest filing of IRS Income verification may be requested.

Attach additional pages if necessary to explain your story.

I acknowledge that the above statement is true and correct. I also give permission for the SCC Foundation to seek verification of the accuracy of any and all submitted information and documents. I also give permission to verify my student status and for the SCC Foundation to obtain information from any program, department, and offices affiliated with Shoreline Community College as it relates to my request for assistance.

Signature _____

Date: _____

FOR OFFICE USE ONLY: STUDENT NAME: _____

Interviewer: _____ Date: _____

Assistance Summary:

Tuition: _____ Books: _____

Fees: _____ Parking: _____

Other: _____

Fund to charge: _____ Amount: _____ Date Processed: _____

Staff: _____ Date: _____

I understand and agree that any changes made to my schedule, including, but not limited to: adding, dropping and or canceling of courses; may affect my scholarship/grant and/or loan with Shoreline Community College Foundation. I understand and agree that if payment is due and not made to the SCC Foundation by the due date indicated below; that the total amount may become due immediately and I will be held responsible for the entire amount due. If payment is not made as agreed to, the Shoreline Community College Foundation has the right to withdraw any and or all scholarship/grant and/or loan awarded and full payment may be due immediately. If payment is not received and account is turned over to a collection agency, I understand and agree that I will be held responsible for any and all reasonable collection costs. If suit or legal action is filed, I understand and agree that I will be held responsible for any and all reasonable attorney's fees.

Signature: _____ Date: _____

I agree to re-pay the Foundation the **amount** of \$_____ in FULL by (date)_____.

~ or ~ Payments will be made as indicated on the following schedule.

Payment Amount/Date Due

I understand that if I do not re-pay this loan on the agreed schedule, that the Shoreline Community College Foundation may take whatever reasonable steps necessary to collect the payment due. I understand that failing to complete the quarter and/or class does not exempt me from repaying this loan.

Signature: _____ Date: _____

Foundation Authorization: _____ Date: _____

GENapp 06/09

BUDGET WORKSHEET

Name _____ Student # _____ Date _____

INCOME AND OTHER RESOURCES	MONTHLY AMOUNT	ESTIMATED EXPENSES	MONTHLY AMOUNT
FAMILY INCOME		HOUSING AND FOOD	
Student's Net Income		Rent/Mortgage	
Other income		Utilities	
Assistance from others		Telephone/Cell Phone	
		Cable/Internet	
		Food	
OTHER RESOURCES			
(Federal Financial Aid in separate section)			
Public Assistance		PERSONAL	
Food Stamps		Clothing	
Veteran's benefits		Entertainment	
Social Security		Medical/Dental	
Unemployment		Child Care	
Alimony		Personal misc	
Child Support		Credit Card(s)	
DVR			
		TRANSPORTATION	
Other		Bus	
		Car	
		Gas	
		Maintenance	
		Insurance	
		Payment	
		Parking Permit	
		OTHER	
TOTAL MONTHLY INCOME	A) \$	TOTAL MONTHLY EXPENSES	A) \$
QUARTERLY INCOME	B) \$	QUARTERLY EXPENSES	B) \$
(3 months)		(3 months)	
FINANCIAL AID	Quarterly Amount	EDUCATION EXPENSES	Quarterly Amount
Grants		Tuition & Fees	
Scholarships		Books	
Work Study		Supplies	
Worker Retraining		Testing Fees	
FSET		Other	
Loans			
Total Financial Aid	C) \$	Total Education Expenses	C) \$
Savings			
TOTAL QUARTERLY INCOME		TOTAL QUARTERLY EXPENSES	
(B + C)		(B + C)	