

Michael Thompson Fund for Students with Disabilities

Helen Thompson established this fund in memory of her son, Michael Thompson. Michael was a graduate of Shorecrest High School and attended Shoreline Community College from 1965 – 1967 before transferring to the University of Washington. Helen pushed Michael across the SCC campus in his wheelchair so that he could attend his classes. This fund provides financial assistance in a time of need to students with disabilities that might otherwise prevent disruption of their continued studies at Shoreline Community College. Students who need assistance of \$250 or less in any given academic school year are invited to apply. Award can be used toward SCC tuition and/or fees, textbooks and required course materials, parking permits, bus passes, childcare, academic software or academic technology and/or equipment.

This award has no cash exchange value and is non-transferable.

Eligibility criteria:

- Be a returning Shoreline Community College student enrolled in a minimum of 5 credits.
- Be a Washington state resident (as defined by the College).
- Show evidence of academic success with a minimum cumulative GPA of 2.0.
- Have current documentation on file with Student Services for Disabilities Program.
- Complete budget worksheet (attached)

Determination of award and notification of applicant:

- The application is reviewed by the SCC Director of Special Services.
- The applicant will be notified of the decision within a week of the application being submitted, if submitted during an academic session. Breaks during winter, spring and summer do not count as part of the one-week notification time.

To apply:

Submit completed application in person to the SCC Director of Special Services along with a copy of your current class schedule:

Kim Thompson
FOSS - 5226
kthompson@shoreline.edu
(206) 546-4544

Shoreline Community College
FOUNDATION

Michael Thompson Fund for Students with Disabilities

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number (s): _____

Email address: _____ SCC Student Number: _____

Amount requested: \$ _____ For: Textbooks Tuition/Fees Bus Pass Parking Permit SCC Childcare
(Circle appropriate one)

Other: _____

(If approved, funds will be made directly to SCC, SCC Bookstore, or vendor)

Brief Explanation of current financial need and why this award is necessary for you to continue your studies at Shoreline:

Other Financial Resources you have investigated and result: (list and describe result)

Other information that may be helpful:

Attach additional pages if necessary to explain your story.

Student Signature: _____ Date: _____

I acknowledge that the above information and any attached documents are true.

SSD Director: Approval Rejection Amount \$ _____ Signature _____ Date _____

Received in Foundation Office : _____ Date _____

Action: _____ Date _____

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 <small>(Federal Financial Aid in separate section)</small>			
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 (3 months)	B) \$	QUARTERLY EXPENSES (3 months)	B) \$
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 (B + C)		TOTAL QUARTERLY EXPENSES (B + C)	