



Santiago Canyon College

Name of Applicant (please print):

RETURN TO:

Financial Aid Office

Email: Finaid@sccollege.edu

Last

First

Middle Initial

Student ID#: _____

DREAMER/UNDOCUMENTED STUDENT EMERGENCY AID GRANT REQUEST

Santiago Canyon College has allocated funds to provide DACA and/or AB540 students with emergency funding to help students afford to stay in school. To request for this emergency funding, you must meet the eligibility requirements below, complete this application and submit to the email above. The emergency aid is to be used for an urgent need related to a student's *Cost of Attendance* (school fees, books & supplies, food, housing, transportation, personal expenses, or childcare).

Eligibility Requirements:

- 1) Student has urgent need for funds to relieve emergency situation due to COVID-19
- 2) Actively enrolled in at least 6 units
- 3) Must be in good academic standing with a 2.0 grade point average (GPA)
- 4) Residency Status is noted as DACA or AB540 with SCC's Admissions & Records Office (SCC A&RO)
- 5) Student has declared SCC as his/her Home Location with SCC's A&RO
- 6) The SCC Financial Aid Office has received a valid 2019-2020 California Dream Act Application and/or student has completed a [California College Promise Grant \(CCPG\)](#) for the 2020-21 academic school year.

Dollar amount requested: \$ _____

Address (include apt# if applicable): _____

Explanation of emergency need. Be specific. Requests without adequate explanation will be denied. Please provide appropriate documentation if possible.

I understand that this is a request for a one-time emergency grant. This is not a loan and does not need to be repaid. These funds are limited, are not an entitlement, and are to be distributed at the discretion of SCC's Financial Aid Office. Applications will be evaluated in the order received until the funds are depleted. The information on this form and on the California Dream Act will be used to determine the amount, if any, to be awarded to the student. All information provided will remain confidential.

Typed Signature
(Type your name to self-certify you understand the conditions of this emergency aid grant application)

Date