Application for Emergency Assistance Funds
West Virginia Northern
Community College Foundation

Student Name: _____

Amount Requested: _____

WVNCC Student ID: _____

Have you applied for Free Application for Federal Student Aid (FAFSA)?   Yes ☐   No ☐

Address: _____

Phone #: _____

Email: _____

Verification: *I attest that the statements made on this application are accurate to the best of my knowledge. If approved for funds, I understand that I cannot be awarded more than $500 per request. I also allow information regarding my student account to be released to the members of the committee. This information includes, but is not limited to: financial aid account information, student award and refund information, and student academic information, including GPA and academic progress.*

_____
Student Signature

Statement of Need: On a separate sheet of paper, please type or neatly write a letter to the WVNCC Foundation Emergency Assistance Fund Committee that outlines your situation, or hardship, along with your financial request. **Please provide official documentation verifying situation. In addition, attach a reference letter from a WVNCC faculty/staff member or financial aid/counselor.**

Name of person making recommendation: _____

Maximum Amount: $500 (per student per academic year)
$1,000 lifetime maximum award per student

Please note that amounts are paid directly to vendors ONLY (i.e., property manager, utility company, etc.)