**WVC Foundation Student Emergency Scholarship**

Emergency grants of up to $400 may be available to WVC students to help relieve acute, unexpected problems that are of a short-term nature. Emergency grants are extremely limited and may not always be available.

* The applicant must be a student from the Wabash Valley College campus registered in a degree or certificate program and considered by his/her department to have full-time status.
* Emergency grants are funded by the WVC Foundation.
* No student will be awarded more than one emergency grant per academic semester.
* In its review, the WVC Foundation’s Emergency Scholarship committee will consider the applicant's financial situation, the nature of the problem that has prompted the request for emergency support, and the applicant’s efforts thus far to resolve the problem.

Applicants are encouraged to complete a FAFSA for the academic semester for which they are requesting an emergency grant.

Please include the following items and checklist with application:

* Completed and signed WVC Foundation Student Emergency Scholarship Application
* Personal Letter to the WVC Foundation’s Emergency Scholarship Committee describing:
* The unanticipated circumstances causing need for assistance
* Your specific financial hurdles that are prohibiting your educational goals
* The amount of assistance you are requesting to achieve your educational goals
* Current Student Bill/Schedule

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**WVC FOUNDATION**

**STUDENT EMERGENCY SCHOLARSHIP  
APPLICATION**

PLEASE RETURN COMPLETED APPLICATION TO: WABASH VALLEY COLLEGE attn: Financial Aid Dept., 2200 College Drive,

Mount Carmel, IL 62863

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| ELIGIBILITY:  Must be a current WVC student:  □ Degree □ Certificate (Check one)  Must have an unanticipated financial need prohibiting the student from achieving academic goals. | REQUIREMENTS:   * Completed application * Current Student Bill/Schedule * Personal letter to the WVC Foundation Emergency Scholarship Committee describing: * Your specific financial hurdles that are prohibiting your educational goals * The unanticipated circumstances causing the need for assistance * The amount of assistance you are requesting to achieve your educational goals |

APPLICANT INFORMATION: (Please print)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@iecc.edu D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

CURRENT (LOCAL) ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APT#\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permission to text this #: □ Yes □ No

Have you received other scholarships or financial assistance while attending Wabash Valley College (WVC)?

If yes, please list source(s) and amount(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCUMSTANCES OF SCHOLARSHIP REQUEST:

Unanticipated life event/expense: (please address in your letter in more detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested amount: $\_\_\_\_\_\_\_\_\_ If awarded, assistance will be used for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| I certify that all information is correct and that if awarded a scholarship, Wabash Valley College is hereby granted permission to release this information for publication for one year from the date stated below. Also, my signature below gives permission for my high school to provide any academic information requested on this application form. I authorize Wabash Valley College to provide information pertaining to my enrollment status, hours enrolled, grades, financial assistance, tuition, and fees to the WVC Retention Coordinator and WVC Foundation.  Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I authorize Wabash Valley College Foundation (WVCF) and Wabash Valley College (WVC) to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding general information from WVCF or WVC. I understand that I am responsible for keeping WVCF/WVC records up to date with my current physical addresses, email addresses, and phone numbers by contacting the offices.  Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |