



## **IECC CARES HUB EMERGENCY FUNDS APPLICATION**

The IECC Connecting Assistance, Resources, and Essentials Support (C.A.R.E.S.) Hub (CARES Hub) is designed to identify, stabilize, and support students with emergency housing insecurity through targeted outreach, emergency stipends, and transportation support. The CARES Hub provides emergency financial assistance to students who suffer sudden, unplanned economic hardship due to emergencies such as an accident, illness, injury, fire, or other unexpected crisis.

The program is not intended to provide financial assistance for pervasive financial struggles. Economic hardship indicates that current financial obligations and normal living expenses cannot be met through typical means. Applicants are expected to have made reasonable efforts to address the hardship prior to the application. IECC students are expected to contact the Financial Aid Office prior to applying. If approved, payment will typically be made directly to the applicable third-party (e.g. a creditor or vendor, such as utility company, medical provider, IECC Bookstore, etc.). Only under rare and extenuating circumstances will an applicant receive a direct reimbursement of expenses or gift card for purchases. In these situations, significant financial documentation of expenses and/or appropriate purchase(s) will be required. Individuals can apply when they feel they have an economic hardship meeting the criteria of the program. However, individuals can only receive, at a maximum, one funding opportunity, regardless of amount, per academic year. Maximum financial assistance is up to \$800.00. Payment may not be immediately available, as application and financial processing may take 1-2 weeks.

To apply, complete this application and include the supporting documentation related to the emergency and financial need (i.e. medical bill, eviction notice, utility documentation notice) requested. Submit to the Financial Aid Office. All identifying information from your application and documentation will be kept confidential and presented to the CARES Hub for funding determination. For more information about the Fund, eligibility, and process, please contact the CARES Hub by email to [careshub@iecc.edu](mailto:careshub@iecc.edu).

CARES Hub funds of up to \$800 may be available to IECC students to help relieve sudden, unplanned economic hardship due to emergencies such as an accident, illness, injury, fire, or other unexpected crisis. CARES Hub funds are extremely limited and may not always be available.

- The applicant must be an IECC student registered in a degree or certificate program. Part-time and full-time students are eligible to apply.
- Emergency funds are funded by the ICCB Supporting Students Facing Homelessness and Housing Insecurity grant.
- Students may receive funding only once per academic year.
- Priority is given to full-time and first-time applicants.
- In its review, the CARES Hub committee will consider the applicant's details of hardship, steps taken to resolve the hardship, and the impact of the funding on the student's academic success.

Applicants are encouraged to complete FAFSA for the academic semester for which they are requesting emergency funds.

Please include the following items and checklist with application:

- Completed and signed IECC CARES Hub Emergency Funds Application
- Student Questionnaire explaining situation to the CARES Hubs Committee
- Current Student Bill
- Current Semester Student Schedule
- All related bills/invoices, if applicable



# IECC CARES HUB EMERGENCY FUNDS APPLICATION

**PLEASE RETURN COMPLETED APPLICATION TO: The Financial Aid Office on your campus or scan and email to [careshub@iecc.edu](mailto:careshub@iecc.edu)**

<p><b>ELIGIBILITY:</b> Must be a current IECC student Check one:</p> <p><input type="checkbox"/> Degree      <input type="checkbox"/> Certificate</p> <p>Check one:</p> <p><input type="checkbox"/> Full-time      <input type="checkbox"/> Part-time</p>	<p><b>REQUIREMENTS:</b></p> <p><input type="checkbox"/> Completed application</p> <p><input type="checkbox"/> Current Student Bill and Schedule</p> <p><input type="checkbox"/> Attached Student Questionnaire</p> <p><input type="checkbox"/> All related bills/invoices, if applicable</p>
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Must have a sudden, unplanned economic hardship due to emergencies such as an accident, illness, injury, fire, or other unexpected crisis.

**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 IECC?

Yes  No If yes, please list source(s) and amount(s):

**CIRCUMSTANCES OF FUNDS REQUEST:**

Unanticipated life event/expense: (please address in more detail when completing questionnaire) \_\_\_\_\_

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

I certify that all information is correct and that if awarded a scholarship, IECC is hereby granted permission to release this information for publication for one year from the date stated below, and additionally as needed to comply with ICCB grant reporting requirements. Also, my signature below gives permission for my high school to provide any academic information requested on this application form. I authorize IECC to provide information pertaining to my enrollment status, hours enrolled, grades, financial assistance, tuition, and fees to the IECC CARES Hub committee members.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the CARES Hub committee to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding general information from IECC and/or CARES Hub. I understand that I am responsible for keeping IECC records up to date with my current physical addresses, email addresses, and phone numbers by contacting the offices.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Questionnaire

(Answer all three questions. Attach additional pages if necessary.)

1. Please provide a narrative that specifies an emergency circumstance and/or financial hardship that is a sudden, unplanned economic hardship due to emergencies such as an accident, illness, injury, fire, or other unexpected crisis. \*If a specific bill is the reason funds are requested, please complete information on the last page as well.

2. Have you taken any steps to resolve the hardship (Check One):  Yes  No  
If yes, explain steps you took:

3. Please describe how this funding is necessary to your ability to complete the current semester.

Please complete the following company information for payment submission:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number (if necessary): \_\_\_\_\_

**For Example:**

Mount Carmel Public Utility Company

316 N Market St

Mount Carmel, IL 62863

Account Number: 123456789

\*\*\* Please provide copies of any bills or invoices for which the funds will be used to pay.