



WVC Foundation Student Emergency Funds

Emergency funds of up to \$400 may be available to WVC students to help relieve acute, unexpected problems that are of a short-term nature. Emergency funds are extremely limited and may not always be available. Students may only apply during the Fall and/or Spring semesters.

- 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 funds are funded by the WVC Foundation.
- Students may apply only once per semester.
- Priority is given to first-time applicants.
- In its review, the WVC Foundation's Emergency Funds 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 FAFSA for the academic semester for which they are requesting emergency funds.

Please include the following items and checklist with application:

- ☐ Completed and signed WVC Foundation Student Emergency Funds Application
- ☐ Student Questionnaire explaining situation to the WVC Foundation's Emergency Funds Committee
- ☐ Current Student Bill
- ☐ Current Semester Student Schedule
- ☐ All related bills/invoices, if applicable



WVC FOUNDATION STUDENT EMERGENCY FUNDS APPLICATION

PLEASE RETURN COMPLETED APPLICATION TO: WABASH VALLEY COLLEGE Attn: Brittany Biddle, 2200 College Drive, Mount Carmel, IL 62863

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 and Schedule
- ☐ Attached Student Questionnaire
- ☐ All related bills/invoices, if applicable

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 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, 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: _____

Student Questionnaire

1. Please provide a narrative that specifies the reasons the emergency funds are needed AND how the emergency funds will be used. *If a specific bill is the reason funds are requested, please complete information on the last page as well.
2. Please describe your need for funding that was unknown or unanticipated at the beginning of the semester, why the need is an emergency, and where the seeking of other funding sources is not practical.
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.