



**FOR OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_

**Approved**                       **Denied**

**Financial Aid**                 **Check Issued**

**TPEG**                               **EG Funds**

**Amount:** \_\_\_\_\_

**McLennan Community College  
Foundation**

**EMERGENCY GRANT APPLICATION**

<b>Questions:</b>	<b>Answers:</b>
1. MCC ID #:	
2. Name:	
3. E-Mail Address:	
4. Cell Number:	
5. What degree/certificate are you pursuing?	
6. Number of Hours Currently Taking:	
7. Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated
8. Number of Dependent Children:	
9. Category of aid requested	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Medical <input type="checkbox"/> Job Loss <input type="checkbox"/> Other (list): _____

**Checklist:**

- I have attached an essay explaining the reason for the emergency grant request.
- I have contacted a current MCC Success Coach, Advisor, or Instructor for a recommendation. Recommendations should be emailed to [scotten@mcclennan.edu](mailto:scotten@mcclennan.edu).  
Name of person asked to submit a recommendation: \_\_\_\_\_
- I understand that, if approved, it may take 7-10 business days for the funds to post to my account.
- I understand that by submitting this application, I waive my right to confidentiality, and I authorize the MCC Foundation staff to verify the enclosed information.
- I have checked with Financial Aid to see if I am eligible for other financial assistance.
- I understand that emergency grants generally do not exceed \$250. Amount Requested: \_\_\_\_\_

**I certify that the information reported above is true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

After completing the application, please press submit to email the form to Shelley Cotten at [scotten@mcclennan.edu](mailto:scotten@mcclennan.edu) or call 299-8818 to schedule an appointment.