



**FOR OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_  
 **Approved**                       **Denied**  
 **Financial Aid**                 **Check Issued**  
**Amount:** \_\_\_\_\_

## McLennan Community College Foundation

### EMERGENCY GRANT APPLICATION

Questions:	Answers:
1. MCC ID #:	
2. Name:	
3. E-Mail Address:	
4. Cell Number:	
5. What degree/certificate are you pursuing?	
Expected Graduation/Completion Date:	
Number of Hours Currently Taking:	
Cumulative GPA:	
6. Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated
7. Number of Dependent Children:	
8. Estimated Current Year Household Income (Student & Spouse combined, if applicable). Include Veteran's benefits, child support, and social security benefits.	\$ _____ monthly <b>OR</b> \$ _____ annually
Current Semester Financial Aid:	

- I have checked with Financial Aid to see if I am eligible for other financial assistance.
- 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@mclennan.edu](mailto:scotten@mclennan.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 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 contact Shelley Cotten at [scotten@mclennan.edu](mailto:scotten@mclennan.edu) or 299-8818 to schedule an appointment.