A-B Tech
Emergency Assistance Application

> This assistance is for sudden and unforeseen circumstances that create a barrier to staying in college or completing a degree or credential. If approved and agreed by the student to process request as a loan, the funds will be paid back through financial aid. Students are NOT required to have financial aid if they are seeking a grant. The grant requirements must be met and certified by the Vice President for Student Services or designee in order to be considered for assistance.

Student Name:_____ **Student ID #:**_____

Best contact phone number: _____

Student email: _____

Are you a veteran? Yes   No

COVID Emergency Financial Aid Assistance Requirements
o   Students must be referred to Student Services to obtain emergency assistance.
o   Student must demonstrate financial need.

Emergency Assistance Requirements - (Maximum amount approved during an academic year is $250)
o   Must be currently registered and actively taking classes when asking for assistance.
        Enrolled in _____ Program
o   Must not have used this grant or loan more than once per calendar year. To be verified by VPSS office.

Loan Requirements
o   Must have financial aid awarded for the current semester.
o   Must be receiving sufficient refund to cover the loan amount below. To be verified by the FA office.
o   Must be currently in good academic, disciplinary, and financial aid satisfactory status.

Finish Line Grant Requirements   (Maximum amount approved each semester will be $1,000)
o   Completed at least 50% of degree or credential program
o   Current cumulative GPA _____ (must be 2.0 or above)
o   Upon completion of program of study, plan to obtain full-time employment
o   Legally able to work in the US (Finish Line Grant Requirement)
o   18 years of age or older and not a dual enrolled high school student
While processing your FinishLine grant application, your student information will be shared with the partnership, which includes NCWorks. Only your information that is required for evaluating and processing your application will be shared.

SELECT ALL LEVELS OF NEED THAT APPLY

o   Transportation: Bus pass
o   Groceries/Gas: Ingles Gift card
o   Mortgage/Rent:
o   Tuition/Books:
o   Other: _____

REASON FOR THE REQUEST (MANDATORY): Please explain the circumstances of your need and provide specific details for what you are requesting. (Example: if you are about to be dropped from a class for non-payment.) **Include any documentation such as a copy of the bill that will be under review for possible payment.**

I agree to use the Emergency Assistance Loan or Grant to reduce the financial strain caused by the above circumstances. If funds are given as a loan, I also agree to sign an agreement that will allow A-B Tech to retrieve the loan amount from my financial aid refund before the remaining is released to me. I understand that if the loan is not returned, my account with A-B Tech will be frozen until the amount is returned. If payment arrangements are not met, I understand my account will be placed with a collection agency and turned over to the N.C. Department of Revenue pursuant to N.C.G.S. 105A, the Set-off Debt Collection Act, for collection. I will be responsible for any collection agency costs or fees incurred in the collection of this account. I attest that the above information is true and realize that providing false information can lead to disciplinary action.

_____
Student Signature   Date

Check should be made payable to: _____
(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount_____

Check should be made payable to: _____
(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount_____

Check should be made payable to: _____
(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount_____

Check should be made payable to: _____
(Check will not be made payable to the student.)

Address: _____

City: _____

Phone: _____

Amount_____

Approval Signatures

_____
Financial Aid Representative – If Applicable   Date

_____
Vice President for Student Services or designee   Date

_____
Business Office Executive (Bookstore Funds/Student Fees)   Date

_____
Foundation Office Executive (Foundation Funds)   Date

For Office Use Only

Approved _____   Amount:
Loan _____
Grant _____

Denied: _____   Reason for denial:_____

_____

Anticipated Completion Date   **Date:**

Sent to WIOA for Review   **Date:**

GL Codes:

COVID Emergency Grant	**02-830-00-560000-25111**	**Amount:**
Emergency Fund Loan	**01-830-00-235000-25044**	**Amount:**
Walnut Cove	**09-832-00-235704-25011**	**Amount:**
Foundation Student Emergency Fund	**09-832-00-235701-25011**	**Amount:**
Finish Line Grant	**01-132-00-231711-21003**	**Amount:**

_____
Business Office Signature   Date Processed