

McCracken County Community Career Endowment, Inc. 2008 EMERGENCY ASSISTANCE APPLICATION

TO STUDENT: Please complete the following information based on the current school year. All applicants must be either a full or part-time student enrolled at a post secondary educational facility. There is no deadline for emergency assistance, as the application will be accepted until the 20th of each month beginning June 1, 2008. Decisions will be done on a case-by-case basis and award issued by the 5th day of the following month until funds are depleted. Prior award winners should detail progress since last award. The 2008 emergency award is \$250 issued directly to the applicant. *(Please Print or type information requested)*

| | | |
|---------------------------------------|------------------------|------|
| Last Name, First Name, Middle Initial | Social Security Number | Date |
|---------------------------------------|------------------------|------|

| | | | |
|---------|------------------|----------------|------------------|
| Address | City, State, Zip | E-mail Address | Home Phone /Cell |
|---------|------------------|----------------|------------------|

| | |
|-----|-------------------------|
| Age | Date and Place of Birth |
|-----|-------------------------|

| | | | |
|---|---|--|---------------------------------|
| US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Black | <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> Male |
| | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female |

| Name of college or educational facility that you attend | Cumulative GPA | Full or part-time student | Expected Degree or Certification | Major Field of Study | Expected Date of Graduation |
|---|----------------|---------------------------|----------------------------------|----------------------|-----------------------------|
| | | | | | |

| | |
|---|--|
| Total family income for 2007 \$ _____ List source(s) of Income | Are you currently employed? (List employer, pay per hr. and hrs. worked per wk.) |
|---|--|

*Please attach a one-page explanation regarding your emergency education related need (not to exceed \$250). Comment on your educational and career aspirations and explain why receiving MCCCE emergency assistance would help you to accomplish your goals.

Applicant Certification- I affirm that the information which I have provided on this application form and any additional material that I submit to MCCCE is complete, accurate and true to the best of my knowledge. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize MCCCE to release the emergency assistance information provided by me to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a emergency assistance recipient. I also understand that furnishing false information may result in revocation of any MCCCE educational assistance.

_____ **Applicant Signature or Parent/Guardian if applicant is under 18** **Date**

Required Documents

- Completed Application
- One page explanation of emergency need (prior awardees need to detail progress since last award)
- Post Secondary Educational Facility Certification
- Emergency Assistance Attachment

If you need additional information, contact MCCCE Office at 270-444-6962



Please forward completed form with attachments to
McCracken County Community Career Endowment, Inc. (MCCCE)
Post Office Box 357, Paducah, Kentucky 42002-0357
Website: www.mccce.org. Email: McCareersInc@yahoo.com

McCracken County Community Career Endowment, Inc.

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Post Secondary Educational Facility Certification

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____ DATE _____

My signature above indicates that I authorize school officials to release the below information to MCCCE for inclusion in my application for Educational Assistance.

(Please have the appropriate party complete the following)

TO INSTITUTION: Please complete the following information pertaining to the above student for the current school year. If your institution prefers to submit other verification forms, please insure the following information is included. Timely and accurate response is critical for the student to be considered for this assistance.

This is to certify that the above individual is considered a ___ full ___ part-time student currently enrolled at (name & address of institution)

1. Student's cumulative GPA for the current school year _____
2. Estimated cost for tuition, books, and other tuition-related expenses for the 2007-2008 school year \$ _____ .
3. List the name and the amount of scholarships/grants (excluding loans) the above student is receiving, or anticipates receiving, for the 2007-2008 school year.

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

The signature, stamp, or seal below verifies the above student's enrollment, scholarship, and GPA.

Certified by: _____ Title: _____ Date: _____

Telephone: _____ Fax: _____

Note: Contact persons above must be authorized to release student information.



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MCCCE Emergency Assistance Attachment

The MCCCE Scholarship Committee will review your application for emergency assistance. Please complete the following and return with application.

List all items and/or services that will be purchased with funds and estimate cost.

Item _____ Cost \$ _____ / Item _____ Cost \$ _____

Item _____ Cost \$ _____ / Item _____ Cost \$ _____

If funds are being used to repay a debt to a post secondary educational facility in order to enroll in post-secondary educational facility, please list name of facility owed, name and telephone number of financial officer and copy of the billing of the amount owed.

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- In the case that a prior debt is owed to a post secondary educational facility, emergency financial assistance payment will be issued to the applicant and facility.*

Name _____

Home Address _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contacts

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

A follow-up questionnaire will be sent to you periodically during the next 12-24 months to track your progress and success. This effort also documents our efforts and progress to continue to assist students in our community, as we will continue to evaluate the effectiveness of our financial assistance. Any suggestions on enhancement of our Scholarship Program can be forwarded to mccareersinc@yahoo.com.

Evidenced by my signature below, I hereby authorize MCCCE to issue any and all emergency financial assistance in care of myself (and the above listed facility if I owe a back debt). I affirm that all the information submitted to MCCCE is complete, accurate and true to the best of my knowledge.

Signature of Applicant

Date