



NEED: Provide assistance to students facing unforeseen financial emergencies so they can continue in school.

PURPOSE: The Southwestern College Cares Student Grant has been created by the Associated Student Organization (ASO) and the Southwestern College Foundation to provide assistance to students at risk of dropping out of college due to unexpected financial emergencies. This assistance is intended to help students stay in school and meet their educational goals, ultimately securing a better financial future for themselves and their families.

Eligibility Criteria

- Be currently enrolled in a minimum of 6 units for Fall/Spring terms (3 units for Summer/Intersession terms)
- Be facing a verifiable, documented and unforeseen financial emergency
- Not have previously received a SWC Cares Student Grant

Examples of Emergencies

Examples of Emergencies to be considered include, but are not limited to:

- Travel home for serious illness or death in the immediate family
- Homelessness due to loss of housing
- Imminent documented eviction
- Imminent cessation of utilities
- Documented theft of books and other essential academic belongings
- Sudden loss of childcare to cover academic schedule
- Unanticipated loss of transportation to/from school
- Required uninsured medical treatment and/or follow up

Note: *Grants will not be given for enrollment or tuition fees, college debts, or legal representation.*

Application and Award Process

Funds are limited and based on current funding availability. To ensure that the greatest number of students in need receive assistance, recipients may receive only one grant per household during their tenure at Southwestern College.

Application guidelines:

- Complete the SWC Cares Student Grant application
- Submit application to the SWC Financial Aid Office, Cesar Chavez Center, First Floor, or to the Student Services Office at any of the Higher Education Centers
- Allow at least 3-5 business days for processing
- Notification will be via SWC email address
- If approved for the grant, applicants will be asked to provide a statement of how the grant alleviated the emergency situation and allowed them to continue their education at SWC. The student will also be asked to agree that the statement may be used for future program funding efforts (with identifying information removed).

Southwestern Community College District does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age, or marital status in any of its policies, procedures, or practices.



The Southwestern College Cares Student Grant has been created to provide assistance to students at risk of dropping out of college due to **unexpected financial emergencies**. This assistance is intended to help students stay in school and meet their educational goals, ultimately securing a better financial future for themselves and their families.

Funding for the SWC Cares Student Grant is provided by the Associated Student Organization (ASO) and the Southwestern College Foundation.

The information requested below will help determine your eligibility for this grant. You will be contacted if there is a need for any additional documentation verifying the emergency nature of your situation.

Please print:

Date of request _____ Amount requested _____
(not to exceed \$350)

Applicant's Name _____ Student ID No. _____

Cell/home phone _____ Email Address _____

1. Please give a detailed explanation of the nature of your emergency, and how the grant you are requesting will be used to alleviate the situation. Documentation should be included supporting your claim (if more space is needed, please attach additional sheets).

2. Please provide detailed documentation of the amount requested above (e.g., medical, utility or childcare bills, etc.) and the price for each item must be listed (for example, a request for eye glasses should include an invoice from the eye doctor). **Documentation must be included with your request!**

| Item | Vendor/Company | Amount | Documents |
|------|----------------|--------|-----------|
| | | | Y N |
| | | | Y N |
| | | | Y N |

3. What efforts have you made to find funding from other sources?

4. Would you like to be contacted about any of the following resources?

- Personal Wellness Childcare Employment Services
- Academic Counseling Food Pantry Other: _____
- Financial Aid Housing Assistance

Applicant Agreement

- I am aware that funding for the SWC Cares Student Grant is limited and I am entitled to only one grant during my tenure at SWC.
- I agree that if I am a successful applicant, I will provide a statement of how the grant alleviated my emergency situation and allowed me to continue my education at SWC. I also understand this statement may be used for future program funding efforts (with identifying information removed).
- I understand that falsification or misrepresentation of information provided on this application will cause it to be denied. I also understand that such action may require repayment of all grant funds.

I understand the above agreement and agree to the terms and conditions.

Applicant's Signature _____ Date _____