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# Student Application – Emergency Grant - Hurricane Florence Disaster Recovery Fund

Return completed applications to the Thomas McLean Administration Bldg., Room 107, M-F, 8:30 AM-4:30 PM (after 4:30 PM, please bring applications to Room 117). Applications accepted by mail at the following address:

FTCC Office of Business and Finance

P.O. Box 35236  
Fayetteville, NC 28303

Applications processed first come, first served until available funds are exhausted.

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Student ID No: |  |

Where were you living (temporarily or permanently) on September 10, 2018?

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| --- | --- | --- |
| Will you accept text messages from FTCC? | YES | NO |

## FINANCIAL NEED

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| In each applicable category on the following pages, describe the details of your financial need related to the impact of Hurricane Florence that must be resolved for you to stay enrolled. FTCC requires a **detailed** description of your need. Vague responses will prevent the College from awarding requested grant funds.  Examples of details you may provide as you respond to the questions below: What was the cause of your financial need (flooding, wind damage, etc.)? Were you forced to relocate? What damage did your residence sustain? Was your vehicle damaged? What damage did your vehicle sustain? Did you lose your job or wages? Did you incur medical expenses? What specific textbooks and/or supplies were lost? Please include evidence (pictures, receipts, etc.) of your loss, if any.  Applicants should only respond to the financial need questions that follow in categories that apply to their specific losses sustained as a direct result of Hurricane Florence. Non-applicable sections of this application can be left blank. All questions must be answered in each applicable category for funds to be awarded.  **Category 1: Transportation -** Provide a **detailed narrative description** of your transportation loss/need directly related to the impact of Hurricane Florence. Applicant must also specify **how funds awarded through this grant will be used** and **how this will enable applicant to continue their education at FTCC**. |

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How much transportation funding are you requesting?

How did you calculate the amount you are requesting?

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| At the time of this application, if you have received any alternative funds (insurance, FEMA, etc.) to cover any portion of this specific loss; enter the amount you have received. If none, enter $0.00.  $  **Category 2: Textbooks -** Provide a **detailed narrative description** of your textbook loss/need directly related to the impact of Hurricane Florence. Applicant must also specify **how funds awarded through this grant will be used** and **how this will enable applicant to continue their education at FTCC**. |

How much textbook funding are you requesting?

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How did you calculate the amount you are requesting?

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| At the time of this application, if you have received any alternative funds (insurance, FEMA, etc.) to cover any portion of this specific loss; enter the amount you have received. If none, enter $0.00.  $  **Category 3: Tuition and Fees -** Provide a **detailed narrative description** of your loss/need that affects your ability to pay tuition and fees directly related to the impact of Hurricane Florence. Applicant must also specify **how funds awarded through this grant will be used** and **how this will enable applicant to continue their education at FTCC**. |

How much tuition and fee funding are you requesting?

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How did you calculate the amount you are requesting?

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| At the time of this application, if you have received any alternative funds (insurance, FEMA, etc.) to cover any portion of this specific loss; enter the amount you have received. If none, enter $0.00.  $  **Category 4: Living Expenses -** Provide a **detailed narrative description** of your loss/need that affects your ability to pay living expenses (name specific living expenses) directly related to the impact of Hurricane Florence. Applicant must also specify **how funds awarded through this grant will be used** and **how this will enable applicant to continue their education at FTCC**. |

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How much funding are you requesting for living expenses?

How did you calculate the amount you are requesting?

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| At the time of this application, if you have received any alternative funds (insurance, FEMA, etc.) to cover any portion of this specific loss; enter the amount you have received. If none, enter $0.00.  $  **Category 5: Other Expenses -** Provide a **detailed narrative description** of your loss/need that affects your ability to pay any other expenses (name other expenses specifically) directly related to the impact of Hurricane Florence. Applicant must also specify **how funds awarded through this grant will be used** and **how this will enable applicant to continue their education at FTCC**. |

How much funding are you requesting for other expenses?

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How did you calculate the amount you are requesting?

At the time of this application, if you have received any alternative funds (insurance, FEMA, etc.) to cover any portion of this specific loss; enter the amount you have received. If none, enter $0.00.

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## Student Certifications and Signature

Initial each statement below, to which you certify agreement:

\_\_\_\_\_ I understand that by receiving this grant that I must use my best efforts and take all reasonable steps to obtain alternative funds to cover the losses or needs for which the grant is provided, including funds from insurance policies in effect, any available federal aid such as FEMA, and any other sources of aid that may be available.

\_\_\_\_\_ I understand that if I obtain funds from another source to cover the losses or needs for which the grant is provided, I must return the amount of the grant that was covered by the funds from another source to Fayetteville Technical Community College, within 30 (thirty) days of my receipt of other such funds.

By signing below, I certify that all information provided in this application is true and correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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| --- | --- | --- | --- |
| Parent/ Guardian Signature (High School Student Only): |  | Date: |  |

If applicant for Hurricane Florence Emergency Grant Funds has received or may receive other forms of financial aid during the term which applicant is requesting Hurricane Florence Emergency Grant Funds, please indicate how you would like FTCC’s Financial Aid Department to proceed with your request. **Initial only one of the following options.**

\_\_\_\_\_ If I am awarded Hurricane Florence Emergency Grant Funds through this application, I want FTCC’s Financial Aid Department to review my total financial aid package for the term that I am applying for this grant. If loans are part of my financial aid package, I would like to replace loan awards, up to the amount of my Hurricane Florence Emergency Grant Funds award. I understand that by choosing this option, the only additional potential disbursement I will receive as a result of this application will be the amount of any Hurricane Florence Emergency Grant Funds awarded in excess of awarded loans.

\_\_\_\_\_ If I am awarded Hurricane Florence Emergency Grant Funds through this application, I do not want FTCC’s Financial Aid Department to adjust my loan awards. I understand that by choosing this option, I am requesting full disbursement of any Hurricane Florence Emergency Grant Funds awarded.

**Financial Aid Office Use Only:**

FASFA Received: \_\_\_\_ Yes \_\_\_\_ No Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_

Cost of Attendance: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Being Received: $\_\_\_\_\_\_\_\_\_\_\_ Credit Hours: \_\_\_\_

Full PELL: \_\_\_ Yes \_\_\_ No $\_\_\_\_\_\_\_\_\_\_\_\_ Sub/Unsub Loan \_\_\_\_ Yes \_\_\_\_ No $\_\_\_\_\_\_\_\_\_

Scholarship: \_\_\_ Yes \_\_\_ No $\_\_\_\_\_\_\_\_\_\_ VA Benefits: \_\_\_\_ Yes \_\_\_\_ No $\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Awarded

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Financial Aid Representative Signature Date