Use this form to request help with emergencies related to educational costs. Requests can be submitted each term and awards will not exceed $500.

**Things to Know About the Emergency Fund Process:**

- Students must have financial need as determined by the FAFSA/ORSSA and Cost of Attendance.
- Students must accept all available ‘need-based’ federal and state financial aid (excluding the Direct Unsubsidized Loan).
- If approved, emergency funds are awarded and disbursed in the same way all financial funds are processed. Watch your Bobcat Web Account under Student Refund for the most recent information related to your award.
- Students must be enrolled at least half-time at the time of request and must be meeting the requirements of Satisfactory Academic Progress.
- Funds are limited and based on availability. Awards are reviewed on a first-come, first-serve basis.
- Emergencies are reviewed weekly by a committee. The outcome of the request will be communicated with the student through their COCC email account.

**Step 1. Describe Emergency (required)** Attach a brief explanation outlining your financial emergency. Check all boxes that apply.

- Vehicle Repair/Transportation
- Eviction/Housing
- Utility Shut Off/Past Due Notice
- Childcare costs
- Loss of aid near program completion
- Other: __________________________

**Step 2. Determine Urgency (required)** To determine the urgency of your financial emergency, check all boxes that apply.

- I am at risk of withdrawing from all courses
- I am at risk of failing Satisfactory Academic Progress
- I am currently unable to attend my courses
- I spent all of my aid refund for the term
- I need reimbursement for costs already paid
- Need funds by: ____________________

**Step 3. Attach Documentation (required)** Attach separate documentation to this form pertaining to your financial emergency. Examples of documentation may include: Utility statements, eviction notices, repair estimates, childcare agreements, signed statements from others, etc.

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts will not be accepted.

Student name printed ____________________________  COCC ID number ____________________________

Student signature ____________________________  Date __________

Financial Aid Office
541.383.7260  •  fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid  •  e-mail: coccfinaid@cocc.edu

Office use only
Initial __________
Date __________
Approved  Denied

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Office Use Only: Do not write in this space.

☐ Approved  ☐ Limited  ☐ Denied  ☐ Incomplete

Notes and Recommendations:

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