Program Participant Student Relief Fund

CENTRAL OREGON
community college

This fund supports students participating in a COCC program who face financial challenges related to their educational costs and are ineligible to submit the Free Application for Federal Aid (FAFSA).

Who Can Apply?
Use this quick guide to determine if this fund is right for you:

1. **Are you eligible to complete the FAFSA application?**
   - **Yes:** You may qualify for COCC's Financial Aid Student Relief Fund. Please contact the Financial Aid Office at coccfinaid@cocc.edu for more information.
   - **No:** Continue below.
2. **Are you a student who has access to state-based financial aid but not federal financial aid?**
   - **Yes:** You are eligible to submit a request for funding.

3. Are you facing financial challenges related to your education?
   - **Yes:** You are encouraged to apply for assistance through this fund.

Important Notes:

- Students must be ineligible for federal financial aid through the FAFSA application.
- Students may submit one request per term.
- Students who receive support from this fund are also eligible for the COCC Student Relief Fund and other funding opportunities at COCC.
- COCC reviews applications upon receipt and notifies students of the decision via their COCC email account. If approved, applicants will be contacted to arrange fund disbursal.
- Funds are limited and based on availability.
- There is a $500 limit per term.

Step 1. Describe Your Emergency: Check the box category that best describes your emergency

- ☐ Vehicle Repair/Transportation
- ☐ Eviction/Housing
- ☐ Utility Shut Off/Past Due Notice
- ☐ Childcare Expenses
- ☐ Loss of aid and near program completion
- ☐ Technology support
- ☐ Medical/Dental
- ☐ Other:

Please briefly explain emergency:

Step 2. Urgency: 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
- ☐ I need reimbursement for costs already paid
- ☐ I am currently unable to attend my courses Other:
- ☐ Need funds by: _____

Step 3. How you will use funds: Please describe how you plan to use these emergency funds. **Include the amount you are requesting.**

Step 4: Contact Information

Student Name:
Student ID Number:
Mailing Address:
COCC Email
Address:
Date:

☐ By checking this box, I certify that the above information is true.

Staff reviewing applications may request further information as needed to determine award options.

When complete, submit this form via email to Christy Walker (cwalker2@cocc.edu)
If you have any questions, please reach out to Christy Walker.