



You are completing this application because you have encountered financial hardships which present a significant barrier to your education. The donors of this 'rescue' fund want to know that you are fiscally responsible, on a solid education path and have clear and attainable goals. This fund cannot be used toward Aviation flight and simulator fees. Your application will be reviewed by a committee and a decision will be sent to you within ten business days. Luminary funds are not available in summer term. **Submit this application only if:**

- You have a cumulative GPA of 3.0 or better.
- You have accepted all your federal financial aid, including student loans.
- You are nearing graduation - preference will be given (but not limited) to students who are within two terms of finishing their program of study).

Name _____

Email Address _____

Student ID _____

Please indicate if you currently receive or have been denied the following resources:

	I currently receive the following amount:	I have applied for but was not awarded this support.	I have not applied for this support:
HUD Housing			
SNAP Benefits (food stamps)			
Heating/Fuel Assistance			

Statement of Monthly Income

Source of Income	Monthly amount
Wages from employment	
Unemployment	
Social Security/Pension	
Veteran's benefits	
Child Support	
TANF	
Student Financial Aid	

Statement of Monthly Expense

Expense	Amount	Expense	Monthly Payment	Total Remaining
Housing (Rent/mortgage)		Credit Card payments (list creditors)		
Food				
Car/Transportation/gas				
Telephone/cell phone				
Utilities (water, electricity, gas)				
Child/Elder Day Care				
Personal expenses (Clothing, etc.)				

Household/Personal Information:

Area of Study (Major): _____

Number in Family/Household: _____

Number of Children under the age of 12 in your household: ____

Narrative Section: (attach a separate sheet if necessary)

Describe current circumstances that have presented obstacles which may prevent you from finishing your education. Please give us a concise illustration of your living arrangements, your daily or weekly routine and the problems you encounter. Also include your plans after you graduate/transfer from COCC. (Use additional paper if necessary).

Proposal:

How much financial assistance do you need to be able to achieve your educational goals this (term) or (year)? How would you use this money?

What are your plans if your request is not funded?

Certification Section:

I certify that all of the information I have submitted is correct to the best of my knowledge and I understand that false statements will result in disqualification from consideration for this award.

I authorize release of all relevant academic information to the COCC Foundation and donors for the purpose of evaluating my qualifications for this scholarship.

Signature

Date

Printed Name

Student ID