

## **Emergency Scholarship Application**

Name:		Today's Date:
Date of Birth:	Student ID#:	Phone:
Current address:		City:
State: Zip Code	:	_ Home Ph:
Cell Ph:	Email Addr:	
Enrollment Status:FUI	_L TIME orPART TIM	E Semester:
Credits earned to date:	Credits currently	enrolled:
Cumulative G.P.A.	_ Degree or Certificate Sou	ught:
After completion of my st  Enter the workforc		ege I plan to:
Other, please brief	y explain:	
		used for:
Have you completed the F	ree Application for Federa	al Student Aid (FAFSA) for this year
Yes orNo		
Are you currently receiving	g any other scholarship or	financial aid?
Yes orNo		
If you need help with any	of the above information, o	contact finaid@eastcentral.edu or
call (636)-584-6588		

Please explain your need for this emergency scholarship:	
Application Checklist	
ALL of the following must be submitted before your applications will be evalua-	
Complete Application Form	
Documentation of need (receipt, bill, estimate, etc	c.)
Certification	
I hereby certify that the information provided is complete knowledge. I agree to allow East Central College to share application with the East Central College Foundation.	-
Applicant Signature	Date:
Printed Name	

## FOR OFFICE USE ONLY

Is the student in good standing in reference to SAP?	YES or
Is the student degree/certificate seeking?	YES or
Is the student currently enrolled?	YES or
Has the student earned 12 or more credits?	YES or
Has the student submitted a completed application?	YES or
If APPROVED, award amount: \$	
If DENIED, reason for denial:	
Fin Aid Signature:	Date:
Foundation Signature:	Date:

## **Contact Info**

Financial Aid: (636)-584-6588 finaid@eastcentral.edu

Foundation: (636)-584-6505 foundation@eastcentral.edu