

## **Emergency Scholarship Application**

Name:

Name:		Today's Date:	
Date of Birth:	Student ID#:	Phone:	
Current address:		City:	
State: Zip Code	e:	_ Home Ph:	
Cell Ph:	_ Email Addr:		
Enrollment Status:FL	JLL TIME orPART TIM	E Semester:	
Credits earned to date:	Credits currently	enrolled:	
Cumulative G.P.A	_ Degree or Certificate Sou	ught:	
	tudies at East Central Colle	ege I plan to:	
Enter the workford			
		)	
		used for:	
Have you completed the	Free Application for Federa	al Student Aid (FAFSA) for this year?	
Yes orNo			
Are you currently receiving	ng any other scholarship or	financial aid?	
Yes orNo			
If you need help with any	of the above information,	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 application complete and only completed applications will be evaluated.	on will be considered
Complete Application Form	
Documentation of need (receipt, bill, estimate, etc.)	
Certification	
I hereby certify that the information provided is complete and knowledge. I agree to allow East Central College to share info application with the East Central College Foundation.	_
Applicant Signature	Date:
Printed Name	

## **FOR OFFICE USE ONLY**

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

## **Contact Info**

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

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