**Emergency Aid Application**

**Demographic/Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Email:\_ @lco.edu US Citizen: [ ] Yes [ ]  No Tribal Member: [ ] Yes [ ] No Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Dependents:\_\_\_\_\_\_ Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_ US Veteran: [ ] Yes [ ]  No Were you in Foster-care when you turned 18: [ ] Yes [ ]  No

**Applicant Q & A**

**Academic Program:**

[ ] Certificate

[ ] Associates

[ ] Bachelors

[ ] Specialized Training

[ ] Non-Degree

[ ] Other:\_\_\_\_\_\_\_

**Major:**\_\_\_\_\_\_\_\_\_\_

**GPA:**\_\_\_\_\_\_\_\_\_\_\_

**Pell Eligible:**

[ ] Yes

[ ] No

[ ] I don’t know

**Received Scholarships:**

[ ] Yes

[ ] No

**Applied for Emergency Aid:**

[ ] Yes

[ ] No

**Why** is this request an emergency?And **How** will the funds resolve the emergency and help keep you in college? ***(3-5 sentences)***

Click or tap here to enter text.

**Budget**

**Total Amount Requested: $** \_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Need:**\_\_\_\_\_\_\_\_\_