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