

Galveston College Emergency Scholarship Application

Last Name	First Name	M.I.	Email
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

Request Amount:	Purpose (please attach documentation)
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How did you hear about this program? _____

Recipients of the Galveston College Emergency Scholarship are required to provide written confirmation about how this program was beneficial, and provide information about how the funds facilitated their continued attendance at Galveston College. Recipients must submit a confirmation letter to the Financial Aid Office within two weeks from the date they received an award. Students who do not submit a confirmation letter will not be eligible for additional assistance through this program.

I certify that all of the information on this form is true, complete, and accurate to the best of my knowledge. I understand that false information will result in denial of assistance.

Student Name _____ **Student's Signature** _____

To be completed by school official			
Student Progress		Financial Need	
Cumulative GPA		Qualified for Aid	Y N
Anticipated Graduation Date		Unmet Need	
Credits Completed at GC		Award Amount	
Hours Enrolled		Refund Amount	
Academic Major		Previous Applicant	Y N
Enrollment Status		Previously Received Funds	Y N
First Generation			

Committee Representatives			
Approved or Denied (Circle One)		Amount Approved	Approval Date
A or D		\$	
	Taskforce Signature		Date
A or D		\$	
	Taskforce Signature		Date
A or D		\$	
	Taskforce Signature		Date

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.