

Emergency Grant

Name

Program/class

Phone Number

_____ | _____ | () _____

What is your emergency situation?

How much money do you need to help you through this crisis?

What other assistance are you receiving?

I certify that all of the information on this form is true and correct to the best of my knowledge. If asked, I agree to provide proof of the information that I have given on this form. I am in good standing with Autry Technology Center.

Applicant Signature

Date

Parent Signature (if under 18)

Date

Director of Student Services Approval

Date

Staff notes:
