

# Emergency Grant

**What is your emergency situation?**

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

**What other assistance are you receiving?**

**Will this grant allow you to finish your Autry Technology Center class?**     YES     NO

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

_____	_____
Name	Program/class

(    )	_____
Phone number	Deadline

Director of Student Services Approval

Date

Staff notes: