

Caldwell Community College and Technical Institute

Request for Emergency Assistance

Caldwell Community College and Technical Institute is committed to helping currently enrolled students that may have unexpected and unforeseen circumstances and need assistance. (Employees are not eligible to apply.) Emergency funds application process is available to assist current students facing financial hardship. If you are experiencing a financial hardship, please complete, sign, and submit the Emergency Funds Application to the financial aid office finaid@cccti.edu from your student email account. These funds may be awarded for a one time disbursement.

By submitting this application, I am requesting funds due to financial hardship and I will use these funds for emergency expenses as listed.

mail	Student ID		
tudent Name	Middle Name	Last Name	
hone Number	# Registere	# Registered Credits	
(Check boxes) Select the reason(s	s) for requesting emergency assistance, p	please explain in detail:	
☐ Job loss	☐ Medical issues	☐ Other hardship	
(Check boxes that apply) Select th ☐ Housing	e purpose(s) of requesting Emergency F	unds assistance: ☐ Dependent Care	
☐ Food	☐ Medical		
☐ Utilities	☐ Transportation		
Please give a brief description of th	e specifics of requesting Emergency Ass	istance.	
•	application if approved will be distribute distribute lress on file with Caldwell Community Co		
udent Signature		Date	