



# Eagle Relief Fund Request Form

Relief Fund is a monetary aid that students experiencing an unexpected financial hardship may apply for. This request will be reviewed by a committee who examines need and availability of funds. This fund can only be awarded once a year to a maximum of \$250.

***Students who have been approved will complete a case plan with the Case Manager in order to develop financial independence.***

## Instructions

1. Complete and sign all sections of this form. Information must be legible or typed.
2. Attach any supporting documentation explaining circumstances (*i.e. medical bills, auto repair estimate, etc.*). All documentation will be verified for authenticity.
3. Submit completed form to the Case Manager. A mandatory interview with the Case Manager will then be scheduled.

## Your Information

Name: \_\_\_\_\_ TCC SID#: \_\_\_\_\_ Phone #(home/cell): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Semester in which the emergency occurred: \_\_\_\_\_

**How will you use these funds?** (*Check all that apply, then list the recipient of funds*)

**Transportation** \_\_\_\_\_  **Utility Expenses** \_\_\_\_\_

**Dependent Care** \_\_\_\_\_

**Other** (if all other options do not apply) \_\_\_\_\_

**Read and check all statements below, then sign to confirm that you agree with the following statements:**

*I affirm that all information on this form is complete, true, and correct and that I am in need of these funds in order to continue my education at Tallahassee Community College*

*I understand this is a one-time award.*

*I understand that TCC may be required to share information with college representatives or grant sponsors.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Your Financial Information

<b>Marital Status:</b>		<b>Number of Dependents in Household:</b>	
<b>Estimated Expenses (Per Month)</b>		<b>Estimated Income (Per Month)</b>	
Rent/Mortgage	\$		\$
Food	\$		\$
Transportation	\$		\$
Utilities	\$		\$
Child Care	\$		\$
Phone/Cable/Internet	\$		\$
Other Expenses (i.e., prescription costs): Expense: _____ \$ _____ Expense: _____ \$ _____		Other Resources (i.e., TANF, DARS, SSI...): Resource: _____ \$ _____ Resource: _____ \$ _____	
<b>Total Expenses Per Month</b>	<b>\$</b>	<b>Total Income Per Month</b>	<b>\$</b>

### Brief Description

Briefly describe your unexpected hardship (Students must provide backup documentation)

**Brief Description**

Briefly describe the effect this financial hardship has had on your education

**IMPORTANT**

**Going forward, how will you manage your future financial needs?**

If your expenses exceed your income, please provide a brief explanation for how you are supporting yourself.

The Eagle Relief Committee reserves the right to review each request on a case-by-case basis. The committee may request additional supporting documentation after the first review or the student may provide additional documentation that was not seen during the first review.

For Eagle Relief Committee	
This request has been:	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
_____	_____
TCC Representative's Signature	Date
_____	_____
Printed Name	Position

Department of Student Services, Eagle Relief Committee  
Tallahassee Community College  
444 Appleyard Drive, Tallahassee, FL 32304  
Office: 850-201-8420, Email: erf@tcc.fl.edu,  
Fax 850-201-8427