

 **Emergency Gap Funding**

 **Student Application**

Things happen - we get that. As a public charity supporting SAISD students and teachers, we are here to help you get through them. Emergency Gap Funding is intended to be a one-time, non-renewable, support to bridge the gap between your success in your post-high school education journey and an obstacle that may be standing in your path. This type of funding is not considered to be a scholarship.

Please select one of the following:

\_\_\_\_\_ I am a Graduating Senior from an SAISD high school who has been admitted, and is committed, to the college/university named below (we recommend you complete this form with your CBA or Counselor).

\_\_\_\_\_ I am a college freshman or sophomore, enrolled in an accredited college/university, and in good standing (2.0+ GPA). I have also already pursued gap funding that may be offered by my institution for this purpose.

Name of Student: \_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAISD High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Emergency Funding Needed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Funds Needed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Why do you need emergency funds at this time?***

***If this will also be an expense next year, how do you plan to pay for it at that time?***

***Have you received your financial aid award letter? Circle YES or NO***

***If YES, please include a copy with this application. If NO, please indicate expected costs below:***

1. ***How much is tuition and fees? 2. Estimates for books?***
2. ***How much is housing? 4. How much is the meal plan?***

***Are you currently employed? Circle YES or NO If Yes, please state employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Do you have plans to work summers or while in college? Circle YES or NO If so, where, and if not, please explain why:***

***By signing this agreement, the student confirms he or she has committed to, or is enrolled in, the above college/university and the funds will be used solely for the purpose stated above.***

*Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***To the best of my knowledge, this student has accurately stated their funding needs and their commitment to the College/University named above (for graduating seniors only).***

*CBA/Lead Counselor Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CBA/Lead Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Check Request Form
(Emergency Gap Funding)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: Student College ID#:

SAISD CBA/Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAISD High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAISD Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Requested: $ \_\_\_\_ \_\_\_\_ **(Please include a copy of an invoice, shopping cart, or email that shows proof of requested need)**

Payment Processed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Pick up Check at 2411 San Pedro Ave (SAISD Foundation Office in Twain Dual Language Academy)

🞏 Mail Check to Institution 🞏 Make Arrangements to Pay with a Credit Card

Mailing Address (if check will be mailed):
City, State, Zip:

Is there a deadline payment needs to be made by? 🞏 Yes 🞏 No

If yes, by what date: / /

Checks will be processed within 5 business days, unless otherwise noted.

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| **Please contact Stephanie Smith with any questions at** ssmith@saisd.net **(preferred) or 210.554.2235.** |

**For SAISD Foundation Use Only**

Date Received: Project: Emergency Gap Funding

Date Paid: Check Number: Amount of Check:

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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