

**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 funding is not considered a scholarship. Graduating SAISD seniors headed to college and recent SAISD alumni in college are eligible to apply by submitting this application and check request form to ssmith@saisd.net.

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 student, enrolled in 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 and it is not available.

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?***

***How did you hear about Emergency Gap Funding?***

***Website\_\_\_ College Bound Advisor\_\_\_\_ College Alumni Advisor\_\_\_ Remote Mentor \_\_\_\_ Foundation Staff\_\_\_\_***

***Please attach your financial aid award letter, if available. If not received, 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? \_\_\_\_Yes – If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ No***

***Do you have plans to work summers or while in college? 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: HS ID#: College ID#:

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

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

Total Amount Requested: $ \_\_\_\_ \_\_\_\_ (Please include a copy of an invoice, shopping cart, or email)

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

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

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

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

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

If yes, by what date: / /

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

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| **Please contact Stephanie Smith 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAISD Foundation | 2411 San Pedro | San Antonio, TX | 78212

(P) (210) 554-2235 | SAISDFoundation.com | ssmith@saisd.net