



# EASTERN GATEWAY COMMUNITY COLLEGE FOUNDATION, INC.

## OFFICE OF THE EGCC FOUNDATION

ADDRESS:  
4000 Sunset Boulevard  
Steubenville, Ohio 43952

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740-264-5591 Ext. 1111

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[foundation@egcc.edu](mailto:foundation@egcc.edu)

## EGCC STUDENT SUPPORT FUND APPLICATION

The EGCC Student Support Fund is available to provide financial assistance to EGCC students involved in a catastrophic or emergency event or situation. Situations and events involve circumstances which are sudden, unexpected and affect a student's ability to function as a student. Examples are but are not limited to an accident, illness, funeral, fire damage, temporary housing, etc. Funding is awarded on a one-time basis up to a maximum of \$200.

If you believe you meet the criteria as indicated above, please complete this application and submit to the Senior Vice President and Chief Development Officer at [foundation@egcc.edu](mailto:foundation@egcc.edu). You will be notified with 5 business days as to the status of your EGCC Student Support request.

Name: \_\_\_\_\_

EGCC ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Catastrophic/Emergency Event or Situation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

What would funding be used for:

\_\_\_\_\_  
\_\_\_\_\_

Is this request for a reimbursement of funds already spent?

\_\_\_\_ Yes (please attach receipts)      \_\_\_\_ No

I certify that answers given herein on this EGCC Student Support Fund application are true and complete. I also understand that receipts will be required. I understand that I would be held responsible for reimbursing funds if awarded should there be evidence that my statements are not true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only

Application Approved    \_\_\_\_ Yes    \_\_\_\_ No    Date \_\_\_\_\_

Awardee Notified:    \_\_\_\_ Yes    \_\_\_\_ No    Date \_\_\_\_\_

Date Funds Distributed \_\_\_\_\_    Receipts Received \_\_\_\_\_