



### STUDENT SUPPORT GRANT FUNDING REQUEST

Student support grants are one-time funds that students can apply for when encountering catastrophic and/or unforeseen situations that jeopardize their ability to complete their program of study. These funds may only be awarded once during the student's time at Citrus College for a maximum amount of \$250.

Student Name:

Student ID #:

Email:

Mobile Phone:

Street Address:

# of Units Enrolled:

City/Zip:

Term:

Do you identify with any of the following groups?

Former Foster Youth  Homeless  LGBTQ+  Low Income  Veteran

What is your ethnicity?

African American  American Indian/Alaskan Native  Asian  Filipino  Hispanic  Multi-Ethnicity  Pacific Islander

White Non-Hispanic  Other: \_\_\_\_\_

**ELIGIBILITY:** Funding is contingent on availability of funds and meeting the requirements listed below:

1. Students must be currently enrolled and registered in at least 6 units during fall/spring or 3 units during winter/summer.
2. Students must be in good academic, financial, and disciplinary standing.
3. Students must have no outstanding debt from prior semesters.
4. Students must NOT have a hold on their college accounts (e.g. financial, academic, disciplinary)
5. Students must not have received student support funding during their time at Citrus College.
6. Students must be able to provide a valid government-issued photo ID
7. Students must apply for financial aid by completing the FAFSA or CA Dream Act application and complete their financial aid file.

Please contact financial aid if you have questions or need assistance.

**DESCRIPTION OF CURRENT CIRCUMSTANCES :** Please provide a written statement explaining the circumstances that support your request for a student support grant. Please attach documentation that supports your written circumstances.

**DETAIL HOW MUCH FUNDING IS BEING REQUESTED and HOW IT WILL BE SPENT (IF AWARDED). PLEASE PROVIDE A LINE-ITEM BREAKDOWN BELOW.**

**AGREEMENT:** If approved, I understand that: 1) the grant amount ranges depending on individual circumstances and available funds; 2) this grant may take up to 10 business days to process; and 3) by submitting this application, I agree to allow the college to communicate with various departments (e.g. financial aid, fiscal services, admissions and records, discipline files, etc.) to determine my eligibility. I certify that all information provided on this request is current and accurate and understand that final decision is not appealable.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If you would like to donate to this fund in the future, you can do so by contacting the Foundation Office at (626) 914-8825.

**OFFICE USE ONLY**

Student Affairs (has not applied previously/no discipline) Staff Initials: \_\_\_\_\_

Financial Aid (eligible/enrolled in 6 units or 3 units during Intersessions/unmet need \$\_\_\_\_\_) Staff Initials: \_\_\_\_\_

Fiscal Services holds Staff Initials: \_\_\_\_\_

**FUNDING:**  Student Support Fund 5400 (6 units/3 units)  Foundation Fund 5100 (12 units/4 units)  Alumni Veterans Fund

**RESULTS:**  APPROVED  DENIED \_\_\_\_\_ | **CONTACTED STUDENT:**  EMAILED STUDENT  CALLED STUDENT

**DATE:** \_\_\_\_\_

**CHECK RECEIVED** **STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_