

Highline Community College  
 Women's Programs and WorkFirst Services  
**Emergency Fund Application**

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Are you a Single Parent? Yes  No       Displaced Homemaker? Yes  No   
 WorkFirst Parent/TANF? Yes  No

What is your monthly income? \_\_\_\_\_

\$ 0 - \$ 500	\$1,822 - \$2,285
\$ 501 - \$1,000	\$2,286 - \$2,749
\$1,001 - \$1,358	\$2,750 - \$3,213
\$1,359 - \$1,821	\$3,213 plus

What is your educational goal (Program/Degree)? \_\_\_\_\_

How many credits are you currently enrolled? \_\_\_\_\_

Please list any other financial assistance you are receiving (Pell Grant, Child Support, Loans, etc.):

\_\_\_\_\_  
 Why do you need emergency funds?

\_\_\_\_\_  
 Did you attach invoice, payment receipt, or other documentation regarding your emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 For the future use of Women's Program Emergency funds repayment of scholarship would be required for eligibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes:

Approved: \_\_\_\_\_

*Office use only*

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

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