

Student Request for Emergency Aid

The purpose of the Virginia Commonwealth Emergency Assistance Fund is to provide short-term financial assistance to enrolled undergraduate students with **demonstrated financial need who experience unforeseen emergencies that would disrupt progress to term completion or degree attainment.** Documentation is required to support your request.

Student Name Semester Impacted			Student ID	
			Student Phone Number for Follow-Up	
o be e	ligible to subm	t this request:		
L. Yo	ou must be currently attending at Virginia Peninsula Community College at least halftime.			
2. Yo	u must be domi	ciled in Virginia and otherwise elig	gible for in-state aid.	
3. Yo	u must be meet	ing Satisfactory Academic Progres	ss (SAP).	
I. Yo	u must have cor	npleted a FAFSA or VASA applicati	on for the current year and completed all	
equire	ements to be re	viewed for financial aid eligibility.		
. Yo	u must provide	a typed statement on the next pag	ge describing your reason for this request.	
. Yo	u must provide	documentation to support your fir	nancial need of these funds.	
lote: l	Requests receiv	ed may not be reviewed until afte	r the last day to drop and receive a refund.	
Select	the reason for	our request:		
	Food			
	Temporary housing (rent/utilities)			
	Medical expenses/dental care/mental health related expenses			
	Family emergency (visiting a sick family member; attendance at a funeral)			
	Technology (replacement for a damaged/stolen item)			
	Transportation (repairs to primary vehicle or temporary for-hire service)			
	Child-care related to an emergency			
_	OTHER Brief	Click here to type your brief desc	ription.	
	O			

NOTE: Requests because of job loss:

If you are requesting emergency funds due to job loss, and your SAI is greater than 0 as determined by the FAFSA, you are urged to also consider completing a Special Circumstance Form with all required documentation. This process allows for the college to review your eligibility for other funds in addition to requesting emergency funds.

Student Name	Student ID
Type your statement explaining the circumsta	ances for your request: If additional space is needed,
please type on a separate document (Gramm	nar rules apply)
Click or tap here to enter text.	
 The financial aid office reserves the right supporting documentation. This is a one-time pay out directly to the 	nter in SIS of the outcome of your request. In to adjust the amount requested based on the the e student issued by direct deposit or check, depending on efer to send to you via direct deposit, so, if you haven't
already, please update your refund preIf a check is issued, it will be mailed to t	ferences to direct deposit in SIS. the mailing address in SIS. Review your address.
supporting documents is true and complete. I requirements and next steps and that additio	nal information may be needed to determine my eligibility at if I drop my courses I may be liable to return funds sent
Student Name	Date
OFFICE LISE ONLY:	

_____ Request Approved for Amount: _____ DENIED Student Notified: ____