



**Dreamkeepers Emergency Financial Aid Program**

**Scholarship America's Emergency Assistance**

**Three-Year Pilot Program**

**Application**

Please complete (type or print in ink) the following information:

1. Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

CBC ID or SSN: \_\_\_\_\_ Semester Hours Enrolled: \_\_\_\_\_

2. Please describe why you need emergency assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How much assistance are you requesting: \$ \_\_\_\_\_

4. Submit a copy of the bill and / or 2 estimates for requests dealing with repairs.

5. If applicable, please provide the name of the CBC counselor, faculty or staff member who understands the nature of your request: \_\_\_\_\_

6. Who told you about this program? \_\_\_\_\_

7. Did you complete the FAFSA: Yes \_\_\_\_\_ No \_\_\_\_\_ Total Awarded: \$ \_\_\_\_\_

8. Attending: Fall \_\_\_\_\_ 6-12 hours, Spring \_\_\_\_\_ 6-12 hours, Summer \_\_\_\_\_ 6-12 hour

9. Major: \_\_\_\_\_

10. Will you receive: a Certificate \_\_\_\_\_ Occupational Training \_\_\_\_\_ Associates \_\_\_\_\_

11. Graduation Date: \_\_\_\_\_
12. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female
13. Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ Asian / Pacific Islander \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Native American \_\_\_\_\_ White
14. Permission to share your success story with potential donors: Yes \_\_\_\_\_ No \_\_\_\_\_

**By signing this application, you state the facts provided are true and correct and authorize the Director of Financial Aid or Coastal Bend College representative to verify any information provided with the application.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coastal Bend College  
 Financial Aid Office  
 3800 Charco Road  
 Beeville, TX 78102  
 Attention: Director of Financial Aid

Phone: (361)354-2239  
 1-866-722-2838, Ext. 2239  
 Fax: (361)354-2745

**Mail, fax or deliver in person to:**  
 Beeville Campus, Financial Aid Office, Cougar Center

Office Use Only	
Emergency funds disbursed: \$ _____	Date: _____
Disbursed to: Student _____	Vendor _____
Thank You Note received: _____	Date: _____
Share Success Story: Yes _____	No _____
Fall: _____	Spring: _____ Summer: _____