



Dreamkeepers Emergency Financial Aid Program

Scholarship America's Emergency Assistance

Application

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

1. Student Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail _____

CBC ID: _____ 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 advisor, 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. Program of Study: _____

10. Graduation Date: _____

11. Permission to share your access 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: _____