



Application for SOWELA Student Emergency Scholarship Fund

Criteria to apply for the Student Emergency Scholarship:

1	The Student Emergency Assistance Scholarship Fund is in place for sudden and unexpected financial emergency situations that can impact a student's ability to remain enrolled in school.
2	Student must have submitted a Free Application for Federal Student Aid (FAFSA).
3	Student must at minimum have a 2.0 grade point average. If the student is new to SOWELA, letters of good standing from each instructor must be submitted with the application.
4	This funding should not be requested as reimbursement for items for which you have already paid.
5	This funding request should be for expenses that are sudden and unforeseen in nature. The expense should be something that one could not have otherwise planned for and not due to a recurring income shortage.
6	Documentation must be submitted with your request. Documentation could include but is not limited to: past due bills reflecting recent missed payments, car repair estimates on company letterhead that reflect estimated amounts to be covered by insurance and estimated amounts to be paid by customer (if applicable).
7	Your letter should explain why your current income or financial situation will not allow for you to pay for the stated expense. This should be documented. Documentation could include but is not limited to: loss of job and denial of unemployment benefits, loss of unemployment benefits, paycheck stubs to show income or to show that work hours have been reduced from a previous paycheck stub.
8	The application coversheet, letter of application, and all documentation should be turned in all at once. Incomplete applications will not be reviewed.
9	Applicants will be notified of outcomes via email. Applicants are not guaranteed approval. A committee will review what is submitted and at times the number of applicants could greatly exceed the available funds.

Student Name: _____ Student ID _____

Email address for notification of outcome: _____

Explain your financial need/emergency and why your current income prohibits you from being able to fund this need. Attach additional pages as needed and attach all documentation as described in the criteria.

Please indicate the amount of Emergency Scholarship fund request (\$500 maximum):

Student Signature:

Date Signed:

Office Use Only	GPA	Hours Enrolled	Previous Use of Fund?
Other Financial Aid?	FAFSA (Y/N)		

One Stop Enrollment Center, 3820 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, Phone: 337-421-6545, Email: onestop@sowela.edu

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title: Compliance Officer Address: 3820 Senator J. Bennett Johnston Ave, Lake Charles, LA 70616 Telephone No: 337-421-6565 or 800-256-0483 Email: complianceofficer@sowela.edu