

CCM Titans Emergency Fund Request Application

STUDENT INFORMATION

First Name:	Last Name:	CCM Student ID:
Current Address:		
City:	State:	ZIP Code:
Preferred Phone Number:	CCM Email Address:	@student.ccm.edu
Financial aid application (FAFSA) filed for the current school year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

TITANS Emergency Grant Request

Request Date: _____ Requested Amount: _____

Please briefly explain the nature of the emergency that has occurred that has caused you to submit this request for emergency financial assistance. If possible, please include supporting documentation to confirm your circumstance.

CERTIFICATION SECTION

By entering my full name and or signature and Initials below, I agree that it is an electronic representation of my signature or initials whenever I use it. I also understand that recipients of electronic documents I sign will be able to see my information contained within, which will include my email address and phone number, further understanding that all information is to be used for the processing of this application and for County College of Morris reporting purposes only. I additionally acknowledge that the information above given is true and complete to the best of my knowledge.

FULL NAME HERE:	My Initials:	
Student Signature:	Date:	Email to: DSD@ccm.edu

OFFICE USE ONLY

Award decision date:	Fully paid date:	Directed to services? (specify)
Term: Year:	Total requested amount:	
Total award:	Total denied:	
Reenrollment data: (enrolled; graduated; transferred; not enrolled)		
DENIED: (Reason for denial required)		

SDEM Signature

Date: