North Carolina Emergency Scholarship Grant Application
Hurricane Florence

A student who has a financial need related to the impact of Hurricane Florence may complete this application. To qualify, the student must be enrolled as of the date of this application and must have been enrolled on September 10, 2018 at an institution located in a county designated under a major disaster declaration or resided, as of September 10, 2018, temporarily or permanently, in a county designated under a major disaster declaration.

Name:_____ **ID:**_____
Student's Name (Last, First, M.I.) Student Campus Identification Number

Email Address:_____ **Phone Number:**_____

County of Residence (Permanent or Temporary) on 9/10/18_____

Complete the items below and submit directly to the Financial Aid Office.

1. Attach a statement describing your extenuating circumstances and explain why you need financial support as a result of Hurricane Florence's impact on you and/or your family. The statement should address how Hurricane Florence has impacted you financially with details; please provide supporting documentation where possible.

2. Itemize all expenses below (add additional descriptions, as necessary):

Type of Expense	Dollar Amount Requested
Transportation	
Housing	
Tuition & Fees	
Living Expenses	

Emergency Grant Amount Requested ($1,250 Maximum): $_____

Have you submitted a request for additional financial aid due to loss of income, employment or other reason? ◯ Yes ◯ No

If you are a dependent student for financial aid purposes, have your parents applied for FEMA assistance?

◯ Yes ◯ No ◯ Not Applicable

If you are an independent student for financial aid purposes, have you applied for FEMA assistance?

◯ Yes ◯ No ◯ Not Applicable

Have or will you file an insurance claim for your losses? ◯ Yes ◯ No

By signing this form, I certify that the above information is complete and accurate and I agree to provide receipts and/or other documents requested in support of this application. I understand that I shall use my best efforts to take all responsible steps to obtain alternative funds that cover the losses or needs for which the emergency grant funds are provided, including funds from insurance policies and available federal aid. If I obtain alternative funds, I will remit the amount of the emergency grant covered by the alternative funds to my institution, excluding any amount in excess of emergency grant funds received. I also understand that submission of this application does not guarantee that additional assistance will be awarded.

Student Signature:_____ Date:_____