

Please complete and email to emergencyfunds@pierce.ctc.edu. A Job & Career Connections staff member will call you to complete a brief SEAG interview. Please email us if you have questions about completing the request form.

Please Print. Name: _____ Student ID: _____

Phone # _____ Total dependents: ____ Dependents under age 7 ____

Receiving SNAP (food assistance): Yes No

Employment status: Fulltime Part Time Unemployed and seeking work Unemployed and not seeking work

Family Status: Single with children Couple with children Couple without children Other

Amount Requested: \$ _____ Type of Need: Housing/Rent Food Transportation Child-related
 Health-related Utilities Books Non-Tuition related fees and fines Other: _____

If approved, Check should go to: Student 3rd party – If 3rd party, complete release form on back.

Personal Statement: *Please describe the emergency related to this request. Include any information that can help us understand why you are requesting SEAG funds.*

How does this emergency impact your ability to complete this quarter of college?

Do you foresee any factors OTHER than this emergency that may impact your ability to complete this quarter of college? Explain.

How likely will this emergency impact your ability to attend classes?

Extremely Likely Very Likely Likely Not Likely

By signing this document, I commit to using the student emergency assistance grant for its intended purposes, outlined in this application. I also agree to allow college staff and/or staff from the State Board for Community and Technical Colleges to contact me to follow up on my progress after the application is submitted. I verify that all information provided in this application is true and verifiable.

I (print your name) _____ hereby authorize a mutual exchange of WFT information between the Department of Social and Health Services (DSHS), Employment Security Department (ESD), Community Trade, and Economic Development, (CTED), CTED contractors, and the Office of Financial Management, MDC, EOC, WorkSource, TAA, 211, WIOA partners, and Pierce College District, and _____.

I understand that the purpose of this exchange is to enhance the coordination and provision of services provided on my behalf by any combination of respective agencies. This release pertains to any and all information relating to my participation in employment or training activities, including assessment, referral, support services, and financial resources. I certify that the information contained on the form is true and correct and I have listed all sources of monthly family income.

Student Signature: _____ **Date** _____

| | | | |
|--|-----------------------------------|--|---------------------------------|
| For Official Use Only –WF staff | | | |
| Date request received _____ | Time processed _____ | Staff initials receiving request _____ | |
| Amount Requested \$ _____ | Check to student _____ | Check to 3rd Party _____ | *requires signed release form |
| Number of previous requests _____ | Number of Requests Approved _____ | Number of Requests Denied _____ | |
| Current Request Approved _____ | Current Request Denied _____ | Approver Signature _____ | to: FA <input type="checkbox"/> |
| FA Staff _____ | Amount Awarded _____ | Date _____ | FA time processed _____ |
| UA Code: <input type="checkbox"/> EC <input type="checkbox"/> ED | Enrollment initials _____ | Business Office _____ | |

For payments made to a 3rd party, please complete the below consent:

STUDENT CONSENT FORM TO RELEASE INFORMATION

Instructions to Student: Carefully read the information below.

Pierce College must obtain written consent from a student before releasing records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to who release may be made.

I _____, _____ - _____ - _____
(Student's Name-Print) (Student ID #)

hereby give my written consent to Pierce College Staff to contact the below agency on my behalf

Agency Name: _____
(Identify the agency/person(s) to whom release may be made)

for the purpose of _____
(State the purpose of the release)

Account/Billing Information. Include Account number if needed:

Additional information needed (if any): _____

I understand that my written consent will remain in effect until I notify the Pierce College employee/office named in this form, in writing, to cancel it.

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he will not release it to any other parties. Pierce College is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student's Signature: _____ **Date:** _____