

Please complete and bring to Job & Career Connections or email to [emergencyfunds@pierce.ctc.edu](mailto:emergencyfunds@pierce.ctc.edu). Check in at the Welcome Center in the Cascade Building or Student Success Center in the Gaspard Building during walk-ins or call 253-964-6265 for apt.

**Please Print.** Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone # \_\_\_\_\_ Total dependents: \_\_\_\_\_ Dependents under age 7 \_\_\_\_\_

Employment status: Fulltime \_\_\_\_\_ Part Time \_\_\_\_\_ Work Study \_\_\_\_\_ Not Working \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Type of Need: ☐ Housing/Rent ☐ Automobile repair ☐ Gas ☐ Public Transportation  
☐ Child-related ☐ Health-related ☐ Groceries ☐ Meal/Nutrition ☐ Utilities ☐ Books ☐ Other: \_\_\_\_\_

If approved, Check should go to: ☐ Student ☐ a 3<sup>rd</sup> party – If 3<sup>rd</sup> 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.

**Please circle which best describes your situation.**

- How likely are you to drop out or take a break from college at this point in time?  
Extremely Likely      Very Likely      Likely      Not Likely      Not at all Likely
- If you were to receive emergency grant funds, how likely are you to complete the current quarter?  
Extremely Likely      Very Likely      Likely      Not Likely      Not at all Likely
- If you were to receive SEAG funds, how likely are you to enroll in this college next quarter?  
Extremely Likely      Very Likely      Likely      Not Likely      Not at all Likely
- How secure to do feel about your housing?      Secure      Neither Secure or Unsecure      Unsecure
- How secure to do feel about your access to food?      Secure      Neither Secure or Unsecure      Unsecure
- Foster care status at age 18:      Never in Foster Care      Previously in Foster Care      In foster Care

*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 _____	Campus _____
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 3<sup>rd</sup> 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:** \_\_\_\_\_