RENTON TECHNICAL COLLEGE FOUNDATION

3000 NE 4th St.
Renton, WA 98056

(425) 235-7867
foundation.rtc.edu

STUDENT EMERGENCY GRANT APPLICATION

Please email completed application to foundation@rtc.edu, Attn: Teresa Woods

Purpose: *Emergency grants are for students who are currently enrolled and taking classes.* The grants are "funds of last resort" and are available for students who are experiencing an emergency situation that impacts their ability to attend school and continue their education at Renton Technical College. Please allow 1-3 business days to process your request.

The maximum amount that can be awarded is $200 per academic year. You can apply and receive emergency support for a total of two academic years. You must apply each academic year.

Checks will be made payable only to the creditor. Checks will not be issued to the student. Funds will not be disbursed immediately or in cash. You may receive support as: (1) grocery gift cards, (2) gas gift cards, (3) bus tickets (when available), and/or (4) one-time bill pay. Students can request one bill pay per year. Bill pay is for needed life expenses like rent and utilities. Gas cards are to support transportation to and from school. Grocery gift cards cannot be used to pay for alcohol or tobacco products.

Application Steps:

1. Submit all completed application materials. *Only complete applications will be considered for assistance.*
   - □ Student Information
   - □ Budget
   - □ Complete follow-up survey
   - □ Name of a RTC teacher or staff member
   - □ Proof of Income (ex: pay stubs, benefits letter)
   - □ *Bill Pay Requests:* Copy of Bill from the Creditor
2. The Foundation Director will review the packet. You will either be approved, denied, or contacted if more information is needed.
3. The Foundation Office will verify your eligibility with Financial Aid.
4. You will be notified by email of approval or denial by the Foundation office.
5. The student is responsible for signing receipt of check, making payment to creditor, and returning a receipt copy to the Foundation.

Student Information	
Student Name	Student ID Number REQUIRED
Address	Birthdate
City:	Zip
Phone Number	Email
Program	Planned Graduation Date (Month/Year)

What type of support are you requesting? *(Please mark all that apply)*

☐ Grocery Gift Cards ☐ Gas Gift Cards ☐ Bus Tickets (when available)

☐ One-Time Bill Pay *Make Check Payable to*: _____

Bill Pay Amount: _____

FOR FOUNDATION USE ONLY DIRECTOR'S APPROVAL: _____ F.A. Approval: _____

Emailed Recommender.: _____ Emailed F.A.: _____ Emailed B.O.: _____ Emailed Student: _____

Print on BLUE PAPER - Form Revised 10.21.2019

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STUDENT EMERGENCY GRANT APPLICATION | Budget Form

Information you provide is kept confidential and only used to determine your eligibility for an emergency grant.

NAME: _____

NUMBER OF PEOPLE IN HOUSEHOLD (self + dependents):_____

Do you have any income, including work study or unemployment? _____
If yes, please be sure to attach a copy of your pay stub or statement of benefits to the application.

Have you ever been in Foster Care? This includes in any state _____

AVERAGE MONTHLY EXPENSES FOR HOUSEHOLD	
EXPENSE	**AMOUNT**
Rent/Mortgage (total)	
Utilities (gas, electric, water, etc.)	
Food (total)	
Transportation (gas, bus, auto repairs)	
Child Care (total)	
Phone (cell, internet)	
Other monthly expenses	
TOTAL MONTHLY EXPENSES	

AVERAGE MONTHLY INCOME OF HOUSEHOLD	
INCOME	**AMOUNT**
Wages/Salary (after taxes)	
Food Stamps	
Housing Subsidy	
Childcare Subsidy	
Child Support Received	
Other sources of income (Please list)	
TOTAL MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
TOTAL MONTHLY BUDGET (Income minus expenses)	

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STUDENT EMERGENCY GRANT APPLICATION | Additional Questions

NAME: _____

1. We understand that life circumstances can create financial challenges. Please share with us what created the need for emergency funds.
   REQUIRED TO COMPLETE, the information is needed for the Grant report that provides the funding.

2. How will this support help you stay in school?
   REQUIRED TO COMPLETE, the information is needed for the Grant report that provides the funding.

3. How did you learn about the RTC Foundation Emergency Grant?

4. Please name an RTC instructor, adviser, or staff member who we can contact on your behalf.

5. Is there anything else about your budget or situation that we should know? If you left the budget section blank, why were you not able to fill it out?

☐ In accepting an Emergency Grant, I agree to complete a short follow-up survey via email.