WNY Women's Foundation Emergency Scholarship

GUIDELINES FOR COMPLETING AN EMERGENCY SCHOLARSHIP NOMINATION

For enrolled low-income single mother students only:

1. It is recommended that students have at least a 2.0 GPA for full consideration.

2. References for an Emergency Scholarship must come from a Niagara County Community College employee or external employer/agency advocate who can support the description of the circumstances described by the student. The reference may not be related to the candidate. References are voluntary and highly recommended.

3. Emergency Scholarships are not intended to resolve problems that are widespread among students (such as a change in tuition, fees, housing costs, etc.). Scholarships are designed for unexpected emergency situations that are unique to the individual applicant. The expectation is that this scholarship will resolve the problem and that the student will persist to completion in his/her courses.

4. Emergency Scholarships are only given when all other avenues have been explored (Food Pantry, Financial Aid, including student loans, DSS, etc.)

5. Scholarship recipients must participate in a financial literacy workshop and must apply to participate in the **Mapping Opportunities for Single Parents** program at Niagara County Community College.

6. Each nomination/application must state the **specific dollar amount**, **not to exceed $500** that is being requested. If possible, applicants should provide documentation that demonstrates the need for funds.

7. Applicants for a Scholarship should be aware of the fact that the process takes approximately one week to complete. Once a decision has been made, the applicant will be notified by Kelly Boswell, the Success Coach.

8. If a student has previously received an Emergency Scholarship, she is **NOT** eligible for another Emergency Scholarship except in the most extraordinary circumstances.

***For assistance with this application, please contact Kelly Boswell at 716-614-5923 or make an appointment to see her through the First Year Experience office, A-131.*

For College Use:
Date Rec'd:_____GPA:_____
Complete:_____Low-income:_____
MOSPs Student:_____Single Mother:_____

WNY Women's Foundation Emergency Scholarship

The WNY Women's Foundation Emergency Scholarship was designed to address an unexpected emergency financial hardship faced by Niagara County Community College students who have critical situations unique to the individual applicant, and without financial support the student could not attend or continue to attend NCCC. The expectation is that this scholarship will resolve the problem and that the student will persist to completion.

Application for the Emergency Scholarship requires:

- Completion of the back of this form by the candidate; and
- Submission of the completed application (including Mapping Opportunities for Single Parents application) by the candidate to Kelly Boswell, Success Coach in the First Year Experience office, A-231.

1. Candidate's name _____

2. Candidate's College ID_____NCCC e-mail address_____

3. Candidate's address _____
Street Apartment
_____
City State Zip code

4. Candidate's phone (_____) _____

5. Specific dollar amount requested, not to exceed $500: $ _____
(Dollar amount MUST be completed for consideration of scholarship funds.)

6. Reference's name _____

7. Reference's Title _____

8. Reference's phone (_____)_____ e-mail_____

9. Reference's organization _____

10. Reference's address_____
Street Apartment
_____
City State Zip code

11. Describe the candidate's exceptional need/circumstance (for external references, please use employer or agency letterhead and attach to this form). Reference may not be related to the candidate.
_____
_____
_____
_____
_____

12. Signature_____Date_____

This section must be completed by the candidate. Please add additional sheets if necessary.

13. Describe your exceptional need/circumstance and provide supporting documentation, for example, a repair estimate:

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14. What is your plan to use the funds and to complete your program?

_____

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_____

By signing below, you are certifying that the information is true to the best of your knowledge and that you qualify as a low-income single mother.

15. Signature _____

16. Date_____/_____/_____

****Funding for this scholarship is provided by the Western New York Women's Foundation.**

Application must be submitted to Kelly Boswell, Student Success Coach in the First Year Experience office, A-131.

AFFIRMATIVE ACTION

IN ACCORDANCE WITH FEDERAL REGULATIONS, THE NEW YORK STATE HUMAN RIGHTS LAW, SECTION 504 OF THE REHABILITATION ACT OF 1973, AND THE AMERICANS WITH DISABILITIES ACT, NIAGARA COUNTY COMMUNITY COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, CREED, GENDER, RELIGION, MARITAL STATUS, VETERAN STATUS, NATIONAL ORIGIN, DISABILITY, OR SEXUAL ORIENTATION IN EDUCATIONAL PROGRAMS, ACTIVITIES, OR EMPLOYMENT.