DSLCC EDUCATIONAL FOUNDATION

STUDENT EMERGENCY APPLICATION FORM

NAME: _____

ADDRESS:_____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

Please explain below (or on a separate sheet) your current circumstances and state your appeal for use of the Student Emergency Fund and return the form to **jcook@dslcc.edu**. Applications are considered on a first come, first served basis. The Review Committee will meet soon thereafter to consider your application, and you will receive a response within 48 business hours. Please call (540) 863-2837 with any questions that arise.

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