



**WOMEN'S
FOUNDATION
OF MISSISSIPPI**

Coahoma Community College

Workforce Women's Emergency Fund
Application for Assistance

STUDENT PROFILE & CONTACT INFORMATION:

Name: _____ Social Security #: _____

Student ID#: _____ Date of Birth: _____ Race/Ethnicity: _____

Address: _____

Phone #: _____ Email Address: _____

EMERGENCY REQUEST:

AMOUNT REQUESTED: _____

DESCRIBE WHAT FUNDS WILL BE USED FOR: _____

What degree/certificate are you seeking at Coahoma Community College?

- Associates (Transfer to a four-year university)
 Associates (Professional/Technical)
 Certificate (Less than 2 years)
 Adult Basic Skills/High School Equivalency
 Undecided

Major/Advisor: _____ Hours Enrolled In: _____ GPA: _____

ADDITIONAL RESOURCES:

We want to make sure that you are able to access a variety of services and supports.

To best serve you, we would like to know if you are receiving assistance from the following agencies. The information below will not impact your eligibility for assistance. Please check all that apply:

- SNAP Benefits
 TANF Benefits
 Social Security/Disability Benefits

Are you currently receiving Unemployment Benefits?
 Yes
 No
 If yes, start date? _____

Employed: (Yes / No)
 If yes, full or part-time? _____
 Place of employment: _____

Annualized Family Income: _____
 # in Household: _____
 # Dependent Children: _____



Coahoma Community College

Workforce Women's Emergency Fund Application for Assistance

Have you completed the Free Application for Federal Student Aid (FAFSA) for this current year? Yes No

Are you receiving financial aid for school such as a Pell Grant or State-Need Grant? Yes No

Fully describe your need for Emergency Assistance:

If this is an ongoing expense please explain how you intend to cover the cost in the future:

Workforce Women's Emergency Fund Disclosure Statement

Please note that information received on your application for assistance may be used for reporting purposes and shared with the Women's Foundation of Mississippi.

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Coahoma Community College

Workforce Women's Emergency Fund Application for Assistance

Workforce Women's Emergency Fund
Letter of Intent & Affidavit of Truth

The information provided on this form is, to the best of my knowledge, accurate and true Should I receive emergency funds from the Women's Foundation of Mississippi and Coahoma Community College, I certify that it is my intent to remain enrolled at Coahoma Community College until I graduate and/or received my degree. I also understand that if I am not eligible to receive services, the application process is complete.

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Non-Discrimination Statement

Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities and employment opportunities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michael Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662)621-4853, Email: mhouston@coahomacc.edu.

For Official Use Only:

Date Received: _____	Committee Signatures: _____
Application Approved: Yes / No	_____
Amount Approved: _____	_____
Date Funds Transferred: _____	