



**SFRF EMERGENCY FINANCIAL ASSISTANCE GRANT
SELF-CERTIFICATION FORM**

Emergency Financial Assistance to Low-Income Community College Students.

Student Eligibility Criteria:

Grants may be awarded to students who are California residents who self-certify that they meet the following conditions:

- U.S. Citizen or eligible non-citizen.
- Currently enrolled at a California community college.
- Demonstrate an emergency financial aid need.
- Qualify as low-income by meeting the requirements to receive a California College Promise Grant (CCPG) or is projected to receive a CCPG for the upcoming term, and
- Documentation supporting need.

Please complete the below self-certification form, attach supporting documentation and submit this form to the financial aid office.

Student Name (Print): _____ Student ID: _____

Telephone #: _____ AVC email address _____

1. Have you been awarded a California College Promise Grant (fee waiver) for the 2021- 2022 or 2022-23 academic year? Yes No

Amount Requesting \$ _____

Please indicate your emergency financial need. Check all that apply and provide documentation.

- Loss or reduction of income
 - Unexpected medical expenses for student or family member
 - Inability to pay rent/mortgage or utility bills
 - Expenses due to unexpected move, loss of housing, or catastrophic property damage
 - Unexpected transportation expense (i.e. car repair bill)
 - Sudden loss of childcare or sudden increase in childcare expenses
 - Documented theft of books and/or other essential academic supplies or tools
 - Other _____
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CERTIFICATION STATEMENT:

By signing this document, you certify that the information you submit is true. If you purposely give false or misleading information, you may be sent to prison, fined \$20,000 or both. Due to the high volume of applicants, it may take 3-4 weeks for a status update. Please note Emergency Financial Assistance funds are limited.

SID# _____

_____ Student Name Printed

Student Signature

Date _____

You should make a copy of this worksheet for your records.

-THIS SECTION FOR FINANCIAL AID OFFICE USE ONLY-

RESULTS: Approved \$ _____ Denied \$ _____

Financial Aid Officer Name (Printed) _____

Financial Aid Officer Signature _____ Date _____

COMMENTS:
