Maricopa Community Colleges Foundation

United States Armed Forces Veterans Assistance Application
(Revised November, 2015)

**Purpose**

Establish an award for United States Armed Forces Veterans attending one of the Maricopa Community Colleges. The award would cover emergency expenses that will prevent a student from completing their classes. Students must show financial need. Amount and number of awards may vary depending on availability of funds.

Applications will be accepted year round by the MCC Foundation for awards from the fund.

Student Name: _______________________________________  Student ID: ________________________

Address: ________________________________________________________________________________

City: _____________________________  State: _______________________  Zip: __________________

Home Phone: _______________________________  Work Phone: __________________________

Maricopa County Resident: yes no  Marital Status: ________________

U.S. Citizen: yes no

Gender: female male

Ethnic Background: Native American Asian Pacific Islander Hispanic African American Caucasian Other

**Eligibility**

Student must be currently enrolled and in good standing, with an endorsement from the College Veteran's Coordinator on their application.

Support including but not limited to the following:

- Transportation/Bus assistance
- Tuition, books and fees

<table>
<thead>
<tr>
<th>Current College Data</th>
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<tbody>
<tr>
<td>Enrollment Status:</td>
</tr>
<tr>
<td>Credits Earned To Date:</td>
</tr>
<tr>
<td>Program of Study:</td>
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<tr>
<td>Degree Seeking:</td>
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**Assistance Request**

Please select the category for which you are requesting emergency funds.

☐ Tuition  ☐ Transportation/Bus

Attach documentation of amounts.

Have you ever applied for this fund before?   Yes ☐ No ☐

If Yes, were you granted assistance? Yes ☐ No ☐ Date:

Amount of funds requested?  ________________________________

**Request Explanation**

Please thoroughly answer the following questions; you may use a separate sheet of paper to answer each question.  What are the circumstances that brought you to apply?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you sought assistance elsewhere? (Family, Friends, Loan, etc)

________________________________________________________________________

________________________________________________________________________

Explain how this assistance will allow you to continue with your education and help you to be successful.

________________________________________________________________________

________________________________________________________________________

Where and when did you serve.

________________________________________________________________________

________________________________________________________________________

Signature of Applicant: ___________________________________________________________________

Signature Veterans Services Coordinator/Director: _______________________________________________

(Your signature verifies that you have met with the applicant and have reviewed other assistance programs available to this student.)

College: ___________________________________________ Date: ________________________________

Please give a completed application to the Veterans Services Coordinator/Director so that they may forward it to the Maricopa Community Colleges Foundation.

For Questions Call: Rosalie Johnson, 480-731-8395 or Email rosalie.johnson@domail.maricopa.edu