

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

Current College Data

Enrollment Status: Full Time Student Part Time Student

Credits Earned To Date: _____ Credits Currently Enrolled: _____

Program of Study: _____ Anticipated Completion Date: _____

Degree Seeking: Associate Degree Certificate Other: _____

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