



## **Recommendations for Student Emergency Aid Application Accessibility**

It is critical that students can easily access and submit emergency aid applications. To quickly distribute emergency aid funds, below are recommendations when creating student emergency aid applications:

- If possible, use a fillable form embedded in a webpage. These applications can be filled out on any device (phone, tablet, computer) and do not need to be printed off, filled out, scanned, and returned to the school. Additionally, students may not have access to a printer or a desktop/laptop computer at this time and may rely on phones/tablets.
- Students may not have Microsoft Word or Adobe PDF reader technology on their phones, tablets, or computers. As a result, schools should consider free fillable form technologies that allow applications to be completed in an Internet browser, such as Google Chrome, Firefox, or Safari
- If you are unable to host an application on your webpage (the best choice), consider using Google Forms. Google Forms is a FREE technology that allows students to fill out forms. Google Forms can be added into emails and completed by students within their browser. More information can be found here [[google.com/forms/about/](https://google.com/forms/about/)].
- If you are using a PDF, be sure to compress the PDF and remove images if possible. Images and lots of font will make the PDF larger and harder to download on slow Internet connections. You can compress PDFs to make them smaller for FREE here [[smallpdf.com/compress-pdf](https://smallpdf.com/compress-pdf/)].
- Below are examples of high-quality online applications that do not require students to download files or have software such as Microsoft Word or Adobe.
  - Alamo Colleges District
  - Fort Valley State University
  - Georgia State University [valid student id required]
  - Xavier University

# Supplementary Materials

## Sample Emergency Aid Applications

Alamo Colleges District, San Antonio, Texas

Five community colleges in San Antonio and University City, Texas

Students: 59,510 (Spring 2016)

Fort Valley State University, Fort Valley, Georgia

Public historically black university, part of the University System of Georgia

Undergraduate students: 2,329 (2017-18)

Georgia State University [omitted, valid student id required for access]

Xavier University of Louisiana, New Orleans, Louisiana

the only historically black Roman Catholic institution of higher education in the United States

Students: 3,231 (Fall 2018)

Trellis Company, Round Rock, Texas

Trellis Company is a nonprofit 501(c)(3) corporation with the dual mission of helping student borrowers successfully repay their education loans and promoting access and success in higher education.

Editor's note: These applications were often copied from online forms. When copied the formats may be changed. For purposes of data elements, requested documents, and the questions, these appear to be sufficient for software designers, financial literacy trainers, financial aid staff, and financial office staff. When integrated with student aid and registration systems many of the questions can be answered for the applicant by available data.

The Trellis Draft was prepared as a simple form to be used for distribution of Cares Act funds to students whose education was interrupted by the Coronavirus. It was included in materials prepared by Trellis to expedite payment and comply with the terms and conditions of the Cares Act and other federal laws, regulations and Department of Education guidance.



ALAMO  
COLLEGES

## Application for Emergency Funds

A financial emergency is defined as an unforeseen expense that, if not resolved quickly, could lead to the student's departure from the college and loss of momentum toward completion.

Acceptable needs include medical assistance, utility or rent. Documentation must be provided as evidence including past due bills. The bill must be in the name of the student applying for support. Funds may not be applied to tuition. (Please check with your college for specific requirements)

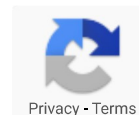
The Alamo Colleges Helpline is available to students Monday-Thursday 8 am to 7 pm and Fridays 8 am to 5 pm. Please call (210) 486-1111 for further assistance.

### Background Information

Your full name:

Your position/title:

Your phone number:



Your email address:

Your physical address:

Urgency of this report (Required):

Date of incident (Required)

Home College (Required):

## Involved Parties

Name

Select Gender

ID Number

DOB (YYYY-MM-DD)

Phone number

Email address

Hall/Address

Add another party

## Questions

Academic Information: Are you currently enrolled in classes? (Required)

- Yes
- No

What is your documented GPA? (Required)

What degree/ certificate are you seeking? (Required)

If you transfer, where will you go? (Required)

Please describe your current situation. Be sure to include the total cost of the bill and when it is due or how far past due. (Required)

Please explain how you will use the funds if you are awarded them. (Required)

How much are you able to contribute? (Required)

Have you sought assistance elsewhere and if so from whom? (Required)

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

Does this current situation put you at risk of withdrawing, failing or not attending classes? (Required)

- Yes
- No

How did you hear about the emergency fund? (Required)

- Student Advocacy Center outreach/website
- Faculty
- Other college staff

Case manager

Other

Please select all that apply (Required)

Receiving unemployment benefits

Receiving government assistance for food

Receiving government assistance for housing

I filed a FASFA for the current year

I am a veteran

I aged out of the Foster Care system

What is the highest education level of your parent or guardian? (Required)

Some high school

GED

HS diploma

Some college

Bachelor's

Master's

PhD

Please read the following and acknowledge understanding by typing your initials below: 1. I understand that financial counseling is required if I receive funding. (Required)

By submitting this emergency grant request, I acknowledge and give consent for data to be shared with the Department of Education and Trellis Company, or their representatives, as part of Project Success.

(Required)

I understand that my information will not be sold for any purpose and will not be distributed to other parties. Examples of data shared include, but are not limited to: student name and ID, enrollment status, annual income, EFC, emergency request amount, emergency request type, name, etc. (Required)

I hereby consent to authorize the use of my letter of appreciation by San Antonio College for its advertising, press releases, and other promotional materials (Required)

Affidavit of Truth Statement and Release of Information: The information provided on this form is, to the best of my knowledge, accurate and true. I understand that by applying for the Student Emergency Fund, I authorize program staff to obtain and share data pertinent to my participation from other campus offices and/or the Alamo Colleges. I understand that all information will be protected as confidential. I understand that I am NOT eligible to receive services until the application process is complete. Your typed name in the box below serves as your signature: (Required)

## Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. 1GB maximum total size.

**Attachments require time to upload, so please be patient after submitting this form.**

Choose files to upload	Choose Files
------------------------	--------------

Email me a copy of this report

Submit report





## Emergency Student Grant Application

Date:\*

Spring 2020

Thank you for your interest in seeing an emergency grant. **All funds for this grant program are made possible by the Trellis Company** and will be used to support students with financial need. Pell Grant eligibility. These funds are one-time and are not to be used for recurring emergencies. In addition, students who are awarded funds must meet with the Director of Outreach Services to explore other campus and external resources that may provide additional support and/or assistance. **Funds cannot be requested for school expenses to include tuition, fees, room, board, books, fines, etc.** Funds will be not be given to students, but **will be paid directly to third-party creditors within two-business days.**

Name

First  Last

Student ID#

Date of Birth

Date Format: MM slash DD slash YYYY

Marital Status

- Single
- Married

Veteran Status

- Yes

No

**Local Address:**

Street Address  Address Line 2  City  State /  
Province / Region  ZIP / Postal Code  
Country

**Permanent Address:**

Street Address  Address Line 2  City  State /  
Province / Region  ZIP / Postal Code  
Country

**Local Phone Number:**

**Alternative Number:**

**Email Address:**

**Classification:**

**Are you currently enrolled?**

Full-time

Part-time

**Number of Credits:**

**Academic Major:**

**GPA:**

**Are you currently employed?**

Yes

No

**What is your annual income?**

**Do you currently receive financial aid?**

Yes

No

**If so, how much is your award?**

**What is your Expected Family Contribution?**

**Are you a first generation college student (neither parent has a college degree)?**

Yes

No

**Are you a foster child, homeless or Ward of the State?**

Yes

No

**Why are you seeking emergency funds?**

**How will these one-time funds help you continue your education?**

**Name of Business/Company Owned:**

**Address**

Street Address  Address Line 2  City  State /

Province / Region  ZIP / Postal Code

**Country**

**Phone Number:**

**Amount Owed:**

**Date funds are needed:**

**Date Format: MM slash DD slash YYYY**

**Documentation:**

Drop files here or

Select files

*You must attach documentation to verify the emergency (i.e. a rent statement, mechanic's estimate, bill from a childcare provider, etc.). Applications without supporting documentation will not be reviewed.*

**File**

Drop files here or

Select files

*By submitting this emergency grant request I acknowledge and give consent for data to be shared with the Department of Education and Trellis Company or their representatives as part of Project Success. I understand that my information will not be sold for any purpose and will not be distributed to other parties. Examples of data shared include but are not limited to: student name and ID, enrollment status, annual income, EFC, emergency request amount, name, etc.*

**By using this form you agree with the storage and handling of your data by this website. \***

Submit

*Editor's note: This is a copy of the application. Formatting of this web-based application form was not retained in copying. The content of the drop down options was not available without filling out previous items. This illustrates the data elements used and the general format.*





**Xavier University of Louisiana**  
 1 Drexel Drive • New Orleans, Louisiana 70125-1098

**XSCAPE**  
**Xavier Student Crisis Aid for Personal Emergencies**

The XSCAPE fund provides emergency financial assistance to students who experience unforeseen or unusual circumstances due to personal or family emergencies. To be considered for assistance, students must have a valid FAFSA on file and be in good academic standing.

**Please Print:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student # \_\_\_\_\_

Telephone # \_\_\_\_\_ Xavier E-mail Address: # \_\_\_\_\_ @ xula.edu

- 1) Do you have a completed/valid **2016-2017** Free Application for Federal Student Aid (FAFSA) on file with Xavier # \_\_\_\_\_ *Note: Your eligibility cannot be determined without a valid FAFSA on file.*
- 2) Have you applied for any other assistance? If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- 3) What is your current classification status (please check):  
 Freshman    Sophomore    Junior    Senior    Graduate/Professional
- 4) Have you ever violated the Student Code of Conduct as outlined in the Xavier University of Louisiana Student Handbook? No  Yes  If yes, what is the nature of the violation, the date of the misconduct and the current status.
- 5) Please explain your emergency situation and why you think this grant will help you continue your education at Xavier (Provide documentation of emergency) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6) Please provide the contact information for the payee and your account number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby verify that all information provided above is correct. I give my permission to Xavier University to research any further information that could benefit my application process.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**Please keep in mind that you are not eligible to receive XSCAPE funds, if the following applies:**

- If you are not in good standing academically. That is your cumulative Xavier GPA must be 2.0 or higher.
- If you do not have a valid FAFSA on file.
- If you have not accepted all financial aid already offered.
- If you have had a student conduct violation in the **past year**.

**The XSCAPE committee will review your eligibility and a notification will be sent to your Xavier e-mail account.**

# Emergency Grant Application

---

## STUDENT INFORMATION

---

First Name:	Last Name:	DOB:
Address:		
City:	State:	ZIP Code:
Phone Number:	Email Address:	

## SCHOOL INFORMATION

---

Student ID:	Current School:	
Request Date:	Grade Level:	Requested Amount:
Category of Aid:		
<input type="checkbox"/> Utilities <input type="checkbox"/> Rent/Housing <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Vehicle Expenses <input type="checkbox"/> Gas <input type="checkbox"/> Public Transportation Pass <input type="checkbox"/> Childcare <input type="checkbox"/> Food <input type="checkbox"/> Other		

---

**The information requested below will not be considered in the evaluation of your application.**

Gender:  Male  Female

Marital Status:  Divorced  Living with domestic partner  Married  Separated  Single  Widowed

Number of dependents: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (Mark one or more races to indicate what you consider yourself to be):

American Indian or Alaskan Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

English as a second language:  Yes  No

Did either of your parents complete an associate's degree or higher?  Yes  No

Veteran:  Yes  No Foster child:  Yes  No

PRINT FULL NAME HERE:

---

Signature:

---

Date:

---

## FOR SCHOOL USE ONLY

---

Award decision date:	Fully paid date:	Directed to services? (specify)
Term:    Year:	Total requested amount:	Category of aid: (U/R/M/V/G/P/C/F/O/I)
Total award:	Total denied:	Total paid:
Reenrollment data: (enrolled; graduated; transferred; not enrolled)		

---