

## Olive Bridge Emergency Scholarship Application

This scholarship is to support and assist students facing **temporary and surmountable financial difficulties and/or emergencies**. Our goal is with this assistance to ensure the student is able to remain enrolled and complete studies.

Date:	Phone:
Name:	Student ID:
Addres	ss: Major:
The n	naximum amount awarded is \$500; awards are limited to one per student each academic year
need a studen	s shall be made to full- or part-time students at Southwestern Oregon Community College who ssistance with temporary financial difficulties or emergencies. Preference shall be given to ts with continuing financial need and who are planning to earn degrees or certificates in health elated programs.
1.	Please explain in detail what your financial emergency is and how a grant from the Olive Bridg Emergency Scholarship fund will help you.
2.	How much money do you need to get through this emergency? Please explain or detail expenses.



3.	What other resources/agencies have you looked into for help with this emergency?
4.	How will your attendance or performance at Southwestern be impacted if you do not receive financial help with this emergency?
5.	List two teachers, staff members or others on campus who know you well and/or are familiar with your circumstances. Please provide contact information.
	ire:
	ing this form I understand that I may be required to provide documentation for proof of fees, s and purchases associated with this application.
Please deliver completed application to:	
	SWOCC Foundation, Tioga 503
	541.888.7209 office or 541.888.1619 fax

foundation@socc.edu

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