

EMERGENCY FINANCIAL AID REQUEST FORM

Please use the text boxes next to each question to complete the form below. Note, you may have to click on the question for the box to appear. If at any point the text box does not provide sufficient space, you may submit additional documentation along with this form. Upon completion, please submit this form and any additional documents via email to the Tuition Assistance Committee at tuitionassistance@sdja.com.

Requesting Parent(s) Name(s):

Requesting Parent(s) Email and Mobile Phone Number(s):

SDJA Student(s) Name(s) and Grades/Program (ECC):

Are you currently receiving Tuition Assistance for the 2019-20 school year? Y/N

Have you previously applied for Tuition Assistance for the 2020-21 school year? Y/N

Are your tuition and fee payments current, or is there any amount due to the school that is currently unpaid?

Did you or your spouse lose your job in the past several weeks? Y/N

If **Yes**, please provide the below details in the text box or on a separate document attached to your submission email:

- Please indicate you and your spouse's occupation
- Name of employer Full-time or Part-Time (include # hours/week for Part-Time)
- Gross monthly income that was lost
- Is this a permanent job loss, with no opportunity for resuming employment?
 - If this is NOT a permanent job loss, please explain the specific circumstances under which your job was lost in the text box or in a separate document attached to your submission email. Include such information as: furlough with known or unknown restart date; temporary job loss pending re-opening of employer, etc. Please provide as much detail as possible so the exact circumstances are clear.
- Documentation evidencing the above circumstances. Please include documentation in the email along with the submission of this form.
- Do you or your spouse have opportunities to generate replacement income in the near term?

Do you or your spouse have a recent significant loss of self-employment income on which you are dependent for day-to-day living expenses? Y/N

If **Yes**, please provide the below details in the text box or on a separate document attached to your submission email:

- Name and nature of self-employment work
- Full-time or Part-Time (include # hours/week for Part-Time)
- Gross monthly income that was lost
- Please explain the specific circumstances under which your self-employment income has diminished. Please provide as much detail as possible so the exact circumstances are clear.
- Do you or your spouse have opportunities to generate replacement income in the near term?

Please provide any additional detailed information regarding your financial hardship.

I have read the Emergency Financial Aid Program Guidelines and hereby certify that the information submitted with this request is complete and accurate.

Parent Name / Date

Parent Name/ Date