**ALAMAP Project Student Supportive Services and**

**College**

**Logo**

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**Scholarship/Testing Fees Request Form**

Emergency Supportive Services and Scholarships/Testing Fees are available to students enrolled in a qualified ALAMAP pre-apprenticeship or apprenticeship program. Emergency Supportive Services and Scholarships/Testing Fees provide a resource to a student facing a short-term financial emergency to support program completion. To apply, complete the below information and submit application to (Contact) at (Email) or call (Phone) for additional questions. (Form: 08/2020)

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| ELIGIBILITY CHECKLIST | |
| Eligibility Requirements | **Financial Eligibility Requirements** |
| Enrolled in ALAMAP Project pre-apprenticeship,  apprenticeship, or FAME program.  Be in good academic standing.  Be classified as an apprentice (received commitment to  hire from employer and started either on-the-job  training or related technical (classroom or online)  instruction)  Provide requested documentation listed below. | Completed a FASFA application form.  Exhausted other sources of aid (if applying for emergency supportive services). |

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| AWARD BREAKDOWN | | | |
| Student Classification | **Program** | **Scholarships/ Testing Fees** | **Supportive Services** |
| Pre-apprenticeship | MSSC CPT or CLT Program  (credit or non-credit) | Up-to $250 | Not Available to Pre-Apprentices |
| Apprentices | ALAMAP Approved Program or FAME Program | Up-to $1,500 | Up-to $500 |
| Other Conditions for Award to Consider: | | | |
| * All financial aid resources must be expended before utilization of emergency supportive services funds. * Scholarships/testing fees are not subject to the last dollar rule applied to emergency supportive services. * Aid will be provided only for the service requested and in amounts not exceeding the need. * Awards are based upon availability of funds through the ALAMAP Project. * Students may apply and receive funds multiple times, but all applications will be reviewed on a case-by-case basis. * Students may be referred to other agencies for aid/services to support continuance in the program. | | | |

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| STUDENT INFORMATION | | | |
| Name |  | **Email** |  |
| Student ID |  | **Phone** |  |
| Program of Study |  | **Enrollment Status** |  |
| What financial aid resources are you currently utilizing (check all that apply)? | | | |
| I receive student financial aid through Pell Grant or student loans.  I receive ITA training funds through the Workforce Innovation & Opportunity Act (WIOA).  I receive GI Bill or other veteran’s/military-related education benefits.  I receive a scholarship through the college, a private organization, or other source.  I receive assistance through Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to  Needy Families (TANF), or other related programs.  I completed my FAFSA but received no financial aid assistance.  I am not currently utilizing employment and training benefits under the SNAP and TANF program. | | | |
| Employment Status:  I am employed part-time.  I am employed full-time.  I am currently unemployed. | | | |
| Military Status (Jobs for Veterans Act applicable with priority status given to veterans and eligible veteran’s spouses.)  Yes  No | | | |

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| APPLICATION CHECKLIST | | |
| Have you applied for ALAMAP Project student aid in the past?  Yes  No | | |
| Type of Aid Requested | **Requested Amount** | **Documentation Needed** |
| Scholarship/Testing Fees:  Tuition/Fees  Books  Equipment/Supplies  Assessment/Testing Fees  Required Uniforms or Tools |  | * Need statement provided below. * Complete FASFA application online. |
| Transportation:  Bus Pass  Gas  Emergency Repairs |  | * Need statement provided below. * Quote for parts and/or service for vehicle repairs requested. |
| Childcare or Dependent Care |  | * Need statement provided below. * Provide details regarding care provider, rate, and period for coverage. |
| Housing:  Sudden Loss  Overdue Utilities Bills/Turn-off Notices  Food Assistance  Emergency Repair |  | * Need statement provided below. * Utility bill for overdue/turn-off notices * Bill for emergency repairs. |
| Healthcare Emergency |  | * Need statement provided below. * Dental/medical bill. |
| Need Statement (Reason for Request): | | |

**Application Process:**

1. Submit completed application and requested documentation to (enter).
2. Application will be reviewed by (enter).
3. Applicant will be notified within (number of days) of approval or disapproval.

I certify that the statements on this application are true and complete to the best of my knowledge. I hereby waive my rights under FERPA and allow the release of the above information to the ALAMAP Project team.

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Student Signature Date