**ALAMAP Project Student Supportive Services and**

**College**

**Logo**



**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 the application to (Contact) at (Email) or call (Phone) for additional questions. (Form: 04/2021)

|  |
| --- |
| ELIGIBILITY CHECKLIST |
| Eligibility Requirements | **Financial Eligibility Requirements** |
| [ ]  Enrolled in ALAMAP Project pre-apprenticeship,  apprenticeship, or FAME program.[ ]  Be in good academic standing.[ ]  For apprenticeship participants: Be classified as an apprentice (received commitment to hire from employer and started either on-the-job training or related technical instruction)[ ]  Provide requested documentation listed below. | [ ]  Completed a FASFA application form (students in for-credit programs only).[ ]  Exhausted other sources of aid. |

|  |
| --- |
| AWARD BREAKDOWN |
| Student Classification | **Program** | **Scholarships/ Testing Fees** | **Supportive Services** |
| Pre-apprenticeship | Industry Recognized Credential(credit or non-credit) | Up-to $250  | Not Available to Pre-Apprentices |
| Apprentices | ALAMAP Approved Program or FAME Program | Up-to $2,500  | Up-to $500 |
| Other Conditions for Award to Consider:  |
| * All financial aid resources must be expended before utilization of student aid funds.
* Aid will be provided only for qualified needs and only for amounts that align with those needs.
* Awards are based upon availability of funds through the ALAMAP Project. No student is guaranteed an award.
* 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.
 |

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

|  |
| --- |
| 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.

(for-credit students only).* Price quotes for any items to be purchased outside of the college bookstore.
 |
| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date