



## **2020-2021 Student Services Emergency Funds**

Student Name (PRINT):		
Last name Student signature:		First name
		Date:
*Current Mailing Address:		
City:	State:	Zip code:
Telephone:	Student ID No.:	
Reason for request:		
In order to be eligible for the Emerg	ency Funds, the followir	ng conditions must be met:
1. Emergency basis.		Amount: \$250
2. Have exhausted all financial		
3. Must be currently enrolled a	nd in good academic sta	nding with a minimum G.P.A. of 2.0.
Approved Not	Approved	
Dean of Counseling:		Date:
Director of Foundation:		Date:
	Mendocino College Student	Services

Mendocino College Student Services 1000 Hensley Creek Road Ukiah, CA 95482 707-468-3048

Please return form to Kris Bartolomei (<a href="mailto:kbartolo@mendocino.edu">kbartolo@mendocino.edu</a>). You may also reach out to the contacts with any questions.

\*Please list the address in which you receive mail (i.e. P.O. Box/deliverable physical address)