

Name of Financial Aid Applicant (Please print)		
_____	_____	_____
Last	First	Middle
Student ID Number: _____		

Dreamer Emergency Aid Request

The State of California has provided limited funds to provide AB-540 or DACA students with emergency funding to help keep them in school. To request **up to \$500** in emergency funding, you must meet the eligibility requirements below, complete this application, and submit this application to the Financial Aid Office. The emergency aid is to be used for an urgent need related to a student's Cost of Attendance (school fees, books & supplies, food, housing, transportation, personal expenses, or childcare).

Eligibility Requirements:

- 1) **Actively enrolled in at least 3 units at Santa Ana College**
- 2) **Residency Status is AB-540 or DACA with Admissions & Records**
- 3) **Home location is "Santa Ana College" with Admissions & Records**
- 4) **Santa Ana College has received a valid 2017-2018 California Dream Act Application**

You may complete a Dream Act Application at dream.csac.ca.gov

Explain in the area below the nature of the emergency and the amount necessary to meet the need.

Dollar amount requested (up to \$500): _____

Explanation of emergency need. Be specific. Requests without adequate explanation will be denied:

I understand that this is a request for a one-time emergency grant. This is not a loan and does not need to be repaid. These funds are limited, are not an entitlement, and are to be distributed at the discretion of the Santa Ana College Financial Aid Office. Applications will be evaluated in the order received until the funds are depleted. The information on this form and on the California Dream Act will be used to determine the amount, if any, to be awarded to the student.

Student's Signature

Date