



Application received by: _____ on _____
Initials *Date*

One Massasoit Blvd., Brockton, MA 02302-3996 ~ (508) 588-9100 ~ FAX: (508) 427-1255
 900 Randolph Street, Canton, MA 02021-1372 ~ (781) 821-2222 ~ FAX: (781) 575-9428
 49 Union Street, Middleborough, MA 02346-2245 ~ (508) 947-6737 ~ FAX: (508) 947-6761

Homeless Student Emergency Fund Application

The Massasoit Community College Homeless Student Emergency Fund was established to provide quick response emergency grants to Massasoit students who are eligible for financial aid and facing homelessness. The goal of the Massasoit Community College Homeless Student Emergency Fund is to help students who become homeless to stay in school and learn the skills they need to become self-sufficient.

Please answer the questions below and attach any documentation you have to support your emergency. **All information is kept confidential.** Return your completed application to the Academic Affairs Office, Room LA333 in the LA Building on the Brockton campus.

Date:
Name:
V#:
Phone:
Email:
Are you receiving financial aid this semester?
Where are you living now (with relatives, friends, alone, etc.)?
How long have you lived there?
Is this arrangement permanent or temporary?
Where did you live before you moved to your current living arrangement (with relatives, friends, alone, etc.)?
Why did you leave?
Where would you go if you could not stay where you are living now?
What are your immediate needs? ___ Shelter ___ Food ___ Transportation

I meet the criteria to receive Massasoit Community College Homeless Student Emergency Fund assistance.

If funding is awarded, I agree to assume all risks and responsibilities associated with my decision to receive this assistance offered by the Massasoit Community College Homeless Student Emergency Fund and agree to release, discharge, and hold harmless the College and the Massasoit Community College Foundation Inc., their boards, officers, agents and employees from any and all causes of action and liabilities, at law, in equity or otherwise, including but not limited to personal injury, death, or property damage suffered by me, my family or other person, persons or entities as a consequence of my receiving said services, assistance and/or funding.

I understand that by signing this document I am representing that I understand all its terms and conditions and fully intend to be bound by the same. I also understand that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

Applicant's Name (Please print)

Signature

Date

Reviewed by Massasoit Community College Homeless Student Emergency Fund Review Committee Members

_____ Accepted _____ Rejected Date: _____

Award: _____