



Rogue Community College Student Services - Relief Funds for Students

To apply for relief funds, please fill out this form and submit to relieffunds@roquecc.edu.

Documentation (invoice, quote, bill, etc.) are REQUIRED except for food, gas, and bus pass.

For help completing this form, please email relieffunds@roquecc.edu or call 541-245-7552.

Once approved, money is generally paid out within 1-3 weeks from date of receipt.

Today's Date:	First Name:	Last Name:	Preferred Name:

Your Pronouns:	Date of Birth:	Student I.D.:	Term/Academic Year:

Phone number:	Email address:	Your Address:	Major:

I am receiving SNAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____	Are you enrolled in SOHOPE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate why you are requesting financial assistance:

- COVID related
- Natural disaster
- Change in living situation
- Family emergency
- Other - please specify: _____

To help us determine additional resources we may be able to offer, please provide a brief description of impact (e.g. job loss, displaced housing, medical bills, childcare, etc.):

Please check what services you need:

- Books and supplies – must provide screen shot of RCC Bookstore shopping cart
- Bus pass
- Bill(s) - must supply copy(ies) with this form
- Childcare – must provide invoice
- Food – amount requested \$ _____
- Gas – amount requested \$ _____
- Other – please describe, specify \$ amount, and provide documentation:

Has your or your parent's income decreased since filing 2018 tax returns? Yes No

If so, after submitting this form, please contact your [Financial Aid Advisor](#) to determine if you qualify for additional financial aid.

By signing below:

- I agree that community resources were discussed with me today and I was given a handout (paper copy or via e-mail) of local community resources.
- I understand that the Cost of Attendance budget is an estimate of my education-related living costs while attending RCC, and is the maximum amount of aid I may receive from private, institutional, state, and federal aid sources. By accepting this Supplemental Funding, I understand that the Financial Aid Office will review my financial aid offer and may be required to reduce other aid sources.

Student Signature: _____

STUDENTS - PLEASE SUBMIT ALL REQUESTS AND DOCUMENTATION TO: relieffunds@roquecc.edu

FOR INTERNAL USE ONLY

Staff Name:	Staff Signature:	Date:

Date: _____

- \$ _____ Books & Supplies - provide quote/documentation
- \$ _____ Bus Pass - documentation not required
- \$ _____ Bills - provide quote/documentation
- \$ _____ Childcare – provide documentation
- \$ _____ Food - documentation not required
- \$ _____ Gas - documentation not required
- \$ _____ Other – specify: _____ provide quote/documentation
- \$ _____ Total amount

- \$ _____ Gift card - food/gas, documentation not required

Staff, please submit the signed form, with supporting documentation:

For Gift Card requests - Sally Snyder: SASnyder@roquecc.edu

All other requests: Upload to Teams/Relief Funds/General/Files/Funding Requests and Tracking/Request Forms/1

Funding Source: _____

Grant Accounting Number: _____

Grant Manager Signature: _____