



Eagle Relief Fund Request Form

The Eagle Relief Fund is a monetary aid that students experiencing an *unexpected* financial hardship may apply for. This request will be reviewed by a committee who examines need and availability of funds. This fund can only be awarded once a year to a maximum of \$250.

Students who have been approved will complete a case plan with the Case Manager in order to develop financial independence.

Instructions

1. Review **all** information on TSC Eagle Relief website, including minimum eligibility requirements. Complete and sign **all** sections of this form. Information must be legible or typed.
2. Gather any supporting documentation explaining circumstances (*i.e. medical bills, auto repair estimate, etc.*). All documentation will be verified for authenticity.
3. Submit completed form and documentation to erf@tsc.fl.edu. The committee will reach back out to you with a decision once it has been reached.

Your Information

Name: _____ TSC SID#: _____ Phone #(home/cell): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Amount Requested: \$ _____ Semester in which the emergency occurred: _____

How will you use these funds? (Check all that apply, then list the recipient of funds)

- Transportation** _____ **Utility Expenses** _____
 Dependent Care _____
 Other (if all other options do not apply) _____

Read and check all statements below, then sign to confirm that you agree with the following statements:

- I affirm that all information on this form is complete, true, and correct and that I am in need of these funds in order to continue my education at Tallahassee State College.
 I understand this is a one-time award, and that meeting the minimum eligibility requirements does not guarantee approval.
 I understand that TSC may be required to share information with college representatives or grant sponsors.

Student's Signature

Date

Your Financial Information

Marital Status:		Number of Dependents in Household:	
Estimated Expenses (Per Month)		Estimated Income (Per Month)	
Rent/Mortgage	\$		\$
Food	\$		\$
Transportation	\$		\$
Utilities	\$		\$
Child Care	\$		\$
Phone/Cable/Internet	\$		\$
Other Expenses (i.e., prescription costs): Expense: _____ \$ _____ Expense: _____ \$ _____		Other Resources (i.e., TANF, DARS, SSI...): Resource: _____ \$ _____ Resource: _____ \$ _____	
Total Expenses Per Month	\$	Total Income Per Month	\$

Brief Description

Briefly describe your unexpected hardship (Students must provide backup documentation)

Brief Description

Briefly describe the effect this financial hardship has had on your education

IMPORTANT

Going forward, how will you manage your future financial needs?

If your expenses exceed your income, please provide a brief explanation for how you are supporting yourself.

The Eagle Relief Committee reserves the right to review each request on a case-by-case basis. The committee may request additional supporting documentation after the first review or the student may provide additional documentation that was not seen during the first review.

For Eagle Relief Committee

This request has been:

Approved

Denied

TSC Representative's Signature

Date

Printed Name

Position

Department of Student Services, Eagle Relief Committee
Tallahassee State College
444 Appleyard Drive, Tallahassee, FL 32304
Office: 850-201-8420, Email: erf@tsc.fl.edu,
Fax 850-201-8427