Electronically send completed grant application to [grants@wtcsystem.edu](mailto:grants@wtcsystem.edu)

Grant guidelines are located at <http://mywtcs.wtcsystem.edu/grants>

**FUNDING SOURCE: GENERAL PURPOSE GRANTS (STATE)**

1. **PROJECT NUMBER: XX-XXX-XXX-XXX**

(Applicant ID) (Activity) (Appropriation) (Purpose)

1. **PROJECT TITLE:** Click to enter text.
2. **GRANT CATEGORY: Emergency Assistance**
3. **DATE:** Click to enter date.
4. **REVISION:** Select Yes or No
5. **WTCS GRANT MANAGER(S):** Click to enter text.
6. **INSTITUTION NAME:**  Click to enter text.
7. **INSTITUTION ADDRESS:**  Click to enter text.
8. **GRANT CONTACT NAME:** Click to enter text. **PHONE:** Click to enter text. **EMAIL:** Click to enter text.
9. **PROJECT MANAGER(S):** (if different from above) Click to enter text. **EMAIL:** Click to enter text.
10. **Complete applicable fields:**

|  |  |  |
| --- | --- | --- |
|  | **Wisconsin Technical College System (WTCS)** | |
|  | **STATE ADMINISTERED FUNDS REQUESTED** | **TOTAL PROJECT AMOUNT** |
|  | **$** | **$** |

I certify the information contained in the application complies with state and federal regulations and Wisconsin Technical College System (WTCS) guidelines.

**Applicant President/Designee Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **WTCS OFFICE USE ONLY:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Approved** |  | **Approved with Revisions** |  | **Disapproved** |

**Grant Manager Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Associate Vice President Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommended Grant Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VICE PRESIDENTS: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**12) EMERGENCY ASSISTANCE STUDENT GRANT COORDINATOR INFORMATION**

Please provide the contact name, telephone and e-mail address of the person coordinating the emergency assistance student grants.

NAME: EMAIL/PHONE:

**13) APPLICATION PURPOSE/ABSTRACT**

**[NAME OF COLLEGE]** will provide emergency assistance grants to eligible Pell recipients whose expected family contribution is less than $5,000 and may experience unforeseen financial emergencies. The goal is to assist eligible students who are experiencing temporary financial hardships and provide assistance to them so they can focus on their studies and continue in their academic pursuits. (**WI Statute 38.42**)

**14) STUDENT EMERGENCY ASSISTANCE APPLICATION & PROCEDURES (link, attach or insert as part of the application)**

The Student Success Domain that corresponds best to these funds is checked for you below.

1. MAPPING PATHWAYS TO STUDENT END GOALS:
2. HELPING STUDENTS Choose and ENTER A PATHWAY:
3. KEEPING STUDENTS ON THE PATH: **X**
4. Ensuring that Students are Learning:

***EXAMPLE* - STUDENT APPLICATION PROCEDURE**

See example: <http://madisoncollege.edu/financial-challenges>

**[NAME OF COLLEGE**] students can be referred to the Emergency Assistance Program by communicating the financial need to a faculty or staff member who refers them to **[INSERT CONTACT/OFFICE]** and/or refers the student to the online application process. 

After the student application is submitted, the **[INSERT NAME/CONTACT/OFFICE/ COMMITTEE]** will review the application and contact the student to discuss the financial need and/or application. The student is required to provide documentation of his or her financial need at the time you submit your application. The student may also be referred to additional resources. The **[INSERT NAME/CONTACT/OFFICE/COMMITTEE]** will approve, partially approve, or deny an application and will notify the student of the decision within **five** (5) business days.

If a student submits more than one emergency assistance application within the same academic year, the student must undergo a financial counseling session with **[INSERT NAME/CONTACT/ OFFICE/COMMITTEE]** prior to the funding being awarded. If a student does not attend the counseling sessions, funding **will NOT** be provided.

The funds will be disbursed in the following ways **[CHOOSE AN OPTION]:**

1. By check made payable to the student and delivered to the student.
2. By check made payable to the third-party identified and delivered to the third-party or to the student.
3. By electronic fund transfer or other electronic deposit to an account maintained by the student at a financial institution.

**Note**: funds **may NOT** be disbursed in cash.

**15) BUDGET**

Technical College Name:

Project Number: XX-XXX-XXX-XXX

Project Title:

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Number** | **Description** | **Objectives & Activities Number** | **Amount** |
| 1.0 Administration | **Lines 1.0 thru 7.0 not allowable.** |  |  |
| 2.0 Salaries/Fringes |  |  |  |
| 3.0 Travel |  |  |  |
| 4.0 Equipment - Major |  |  |  |
| 5.0 Equipment - Minor |  |  |  |
| 6.0 Software |  |  |  |
| 7.0 Supplies |  |  |  |
|  |  |  |  |
| **8.0 Other** | **Emergency Payments** |  | **$** |
|  |  |  |  |
| **9.0 Subtotal** | **Total Project Cost** (Lines 8.0) |  | **$** |
|  | **Reimbursement Rate Percent** |  | **100 %** |
|  | **Total Grant Funds Requested** |  | **$** |