**Paul D. Camp Community College Nursing & Allied Health Emergency Funds Application**

## About the Funds

The Nursing & Allied Health Student Emergency Fund has been created through a generous gift by Sentara Healthcare through the Virginia Foundation for Community College Education (VFCCE). Funds are available to provide financial assistance for out-of-pocket expenses to Camp students involved in a catastrophic or and emergency event or situation. **Situations or events described must involve circumstances which are sudden, unexpected and which affect a student's ability to function as a student (e.g. transportation, housing, food, books, technology, family or medical expenses).**

**Examples of eligible emergency expenses include, but are not limited to:**

- Food
- Temporary housing (rent/utilities)
- Medical expenses/dental care/mental health related expenses
- Family emergency (visiting a sick family member; attendance at a funeral)
- Technology (replacement for a damaged/stolen item)
- Books, other course related items
- Transportation (repairs to primary vehicle or temporary for-hire service)
- Childcare

**Emergency Fund Eligibility:**

- Student must be enrolled in a healthcare or healthcare-related undergraduate, certificate or credential program at the institution during the term in which assistance is requested.
- Student must meet satisfactory academic progress standards.
- Student must have submitted a complete federal FAFSA or, if not eligible to file the FAFSA
- Student must have demonstrated financial need as determined by the Office of Financial Aid or the Workforce Development Center
- Student must be in compliance with Camp's Student Code of Conduct
- Student must be a resident of Virginia
- Students with demonstrated need must accept all offered student financial aid offered prior to applying for emergency assistance funding. The institution may require that the student apply for and accept subsidized federal student loans, either prior to or as a condition for being offered emergency assistance.

# Camp Community College Nursing & Allied Health Student Emergency Fund Application

1. Complete the Camp Nursing & Allied Health Student Emergency Fund application
2. Obtain referral statement from faculty, advisor, or representative
3. Submit the application to the Office of Institutional Advancement; 100 N. College Drive, Franklin, VA 23851 or email to jzeigler@pdc.edu
4. Allow seven business days for processing.
5. All decisions are final. Appeals are limited to providing additional documentation only.
6. Please allow 5-7 business days for payment.

The Camp Community College Foundation Nursing & Allied Health Student Emergency Fund is available to provide financial assistance for out-of-pocket expenses to Camp students involved in a catastrophic or emergency event or situation. **Situations or events described below must involve circumstances which are sudden, unexpected and which affect a student's ability to function as a student (e.g. transportation, housing, food, books, technology, family or medical expenses).**

Name:_____ ID:_____
Address:_____
Contact Phone Number:_____Program of Study:_____
Student Email Address:_____@email.vccs.edu

Description of Catastrophic/Emergency event or situation *(Attach page(s) if needed)*

_____

_____

Amount requested: $_____
Purpose for which the funds be used *(Attach page(s) if needed)*_____
With whom do we have permission to discuss this bill in order to make the payment? (agency and contact information required) _____
Is this request for a reimbursement of funds already spent?
_____ Yes **(please attach receipts)** _____ No **(please attach bill or other documents)**

Referral statement (from faculty, advisor or another representative who suggested you apply):

_____

I certify that answers given herein on this Camp Nursing & Allied Health Student Emergency Fund application are true and complete. I also understand that receipts will be required and that I will be held responsible for reimbursing any funds paid, should there be evidence that my statements are not true and complete.

Signature_____ Date_____