East Los Angeles College FOUNDATION

East Los Angeles College Foundation
Transforming Lives Campaign

elac

Student Emergency Assistance Application and Receipt of Support Form

Application Date:	Student ID No.:	
First Name:	Last Name:	Middle:
Mailing Address:		Apt #:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:

Emergency Assistance Request

Have you previously applied for this fund? ❑ Yes ❑ No	Date assistance received:

Assistance Requested: ❑ Clothing ❑ Food ❑Transportation (Bicycle, Uber, lift, bus). Please provide a brief summary of your hardship:

Submit completed form to the Health Office F5 room 302.

Office Use Only

Approval & Certification:
I hereby certify that the above expenditures are in accordance with the Transforming Lives Campaign Mission:

_____
Project Director or Designee Signature

Receipt of Goods

Voucher No._____

Students: Signature:
Your signature below acknowledges the receipt of goods from the Transforming Lives Fund at East Los Angeles College Foundation.

Student Name:_____ Date: _____

Student Signature _____