



# Hurricane Harvey Student

## Emergency Assistance Fund

### 1. PURPOSE

- The Student Emergency Assistance Fund assists Del Mar College students by providing financial support to students who have suffered losses due to Hurricane Harvey. These funds are not intended to replace financial aid, insurance coverage, or FEMA funds for which you may be eligible. This is a one-time allocation and priority will be given to those with documented home or auto damage with funds for expenses such as food, clothing, temporary shelter or replacing other basic essentials as a result of the storm. This funding does not have to be repaid.

### 2. EXPENSES COVERED BY THE EMERGENCY FUND (Below is a non-exhaustive list of expenses covered by the emergency fund.)

- Books and other essential academic expenses
- Temporary housing or other accommodations
- Replacement of essential personal belongings lost due to the storm
- Medications and other costs related to medical care and safety needs

### 3. EXPENSES NOT COVERED BY THE EMERGENCY FUND

- Non-essential utilities (i.e. cable TV), household, or furniture costs not related to damage or loss
- Costs for entertainment, recreation, non-emergency travel or other non-essential expenses

### 4. ELIGIBILITY REQUIREMENTS

- Applicants must have a financial hardship resulting from Hurricane Harvey impact
- Applicants must be currently enrolled students of Del Mar College in credit course(s) (not CE)
- All other resources, including emergency loans through Financial Aid must have been considered and are insufficient, unavailable, or not available in a timely manner
- Applicants must complete all questions in full and submit supporting documentation

### 5. APPLICATION PROCESS

- Students who are in need of emergency financial assistance may submit an application and supporting documentation to the Office of Development – Del Mar College Foundation, Center for Economic Development, 3209 S. Staples, Room 133, Corpus Christi, Texas, 78404.
- Include explanation of the need, how assistance will help you stay in school, extent of damage or cost of evacuation and how the funds will be used.
- Receipts or documentation (photos, etc.) are important. Applications with such documentation receive higher priority.
- Awards will typically range from \$100 to \$500. Any funds distributed in excess of this amount will be for unique and unusual circumstances of emergency financial need. Applicants may be required to meet with a staff member to discuss their application. For information on the application process, students should contact the Foundation offices at 361.698.1317.

### 6. GIVING

- The number of applicants served by the Harvey Emergency Fund is subject to the funds available.
- To contribute to the Student Emergency Assistance Fund, please go to [delmar.edu/foundation](http://delmar.edu/foundation). You will see a link under Giving that will lead you to the online giving page.



# Hurricane Harvey Student Emergency Assistance Application

## Personal Data

Applicant's Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell (or Phone if no Cell) Number with Area Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please indicate why funds are needed, how they will be used, and how these emergency expenses might affect your ability to remain enrolled at DMC (attach additional sheets as needed and any applicable receipts). Provide as much detail on each area as possible to give the scope of your need:

Are you currently receiving any other type of financial aid? Yes  No

If yes, what type of financial aid are you receiving? Grant(s)  Loan(s)  Scholarship(s)  None

Amount of funds requested from Harvey Emergency Fund: \$ \_\_\_\_\_

## Applicant Declaration and Authorization

I hereby declare that the information contained in this application is true and correct to the best of my knowledge. I will notify Del Mar College Foundation, in writing, or by email at [foundation@delmar.edu](mailto:foundation@delmar.edu) immediately, if after submission of this application there is any change in the information provided. I understand that falsifying or withholding information in this application may result in denial of such aid. I authorize Del Mar College to release any information pertaining to my employment status to Del Mar College Foundation.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

I authorize Del Mar College and DMC Foundation to use my name in media releases.

(No impact on award decision)

Yes  No

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*Do not write or type below this line*

**Amount Allocated – Maximum per applicant \$250.**

\$ \_\_\_\_\_

Authorization: \_\_\_\_\_

Date: \_\_\_\_\_