

Atlanta Metropolitan State College Project Success | Emergency Grant

The Project Success Student Emergency Grant Program assists eligible students in financial emergencies. Students may apply for funds when they need assistance with an unforeseen expense that if not resolved quickly could lead to their departure from the college and loss of momentum toward completion. Funds are disbursed to approved third parties by the college for a student's financial emergency. No funds will be provided directly to students. Please review the "Eligibility Criteria" listed below before completing the application.

Student Eligibility Criteria

1. Student must be currently enrolled in Atlanta Metropolitan State College and registered for courses.
2. Eligible expenses include, but are not limited to utilities, housing/rent, food, medical/dental, transportation and child care.
3. Student is required to provide legitimate proof and documentation of the emergency.
4. Funds cannot be used to cover school expenses (parking, fines, tuition, books, supplies, required tools/equipment, etc.).
5. Student must meet with the Chair of the Emergency Grant Committee who will perform the initial review of the application.
6. The student must participate in follow up meetings and referrals as deemed appropriate.
7. This particular grant program only provides one-time funding for students.

Key Steps

1. Make sure that eligibility criteria are met.
2. Gather all supporting documents and other legitimate proof of the emergency.
3. Complete application in its entirety.
4. Meet with the Emergency Grant Contact.

Emergency Grant Contact

Mr. Leander Singletary
Student Conduct & Veteran Affairs Coordinator
Office of Student Affairs
Email: lsingletary@atlm.edu
Telephone: 678-623-1266
Office Location: Student Center (BLDG 800), Room 213

**ATLANTA METROPOLITAN STATE COLLEGE
PROJECT SUCCESS EMERGENCY GRANT PROGRAM APPLICATION**

Name (<i>Last, First, MI</i>)	AMSC ID#
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Local Address	Phone #
	AMSC Email

Please write a detailed description of the emergency. You may attach additional pages for your explanation. Supporting documents are required before the application can be processed. Also explain what will happen if you do not receive this funding.

Amount of Funds Requested: \$ _____

Name of Third Party Vendor _____

Vendor's Address: _____

Phone #: _____ Email _____

Applicant's Certification

By submitting this emergency grant request, I acknowledge and give consent for data to be shared with the Department of Education and Trellis Company, or their representatives, as part of Project Success. I understand that my information will not be sold for any purpose and will not be distributed to other parties. Examples of data shared include, but are not limited to: student name and ID, enrollment status, annual income, EFC, emergency request amount, emergency request type, name, etc.

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Completed Application Submission Date _____

I have reviewed the student's completed application and recommend:

REQUEST APPROVED

Committee Member 1 _____	Signature _____	__ YES __ NO
Committee Member 2 _____	Signature _____	__ YES __ NO
Committee Member 3 _____	Signature _____	__ YES __ NO

Reason for denial:

Approved Amount \$ _____ Date Submitted to Fiscal Affairs _____

Date of Disbursement _____ Fiscal Affairs Representative Signature _____

REFERRAL(S)

Trellis Company Financial Coaching _____

Project Success Emergency Grant Program Committee Chair _____ Date _____