COLLEGE OF CHARLESTON
APPLICATION FOR STUDENT FOOD ASSISTANCE / TEMPORARY HOUSING ASSISTANCE

The Student Food / Temporary Housing Assistance program may provide additional meals/dollars for use in the College of Charleston dining facilities or temporary housing, if available, for up to 10 days. The program is for eligible students who need short-term assistance and who have exhausted all other funding options. The student must be currently enrolled, and may be required to submit additional documentation.

SECTION A: STUDENT’S INFORMATION
Print Name: ___________________________________ Student ID: _____________________________
Local Address: ___________________________________________________________________________
Permanent Address: _________________________________________________________________________
Email:_________________________________________ Phone:____________________________________

SECTION B: STUDENT’S FINANCIAL INFORMATION
1. Have you been awarded financial aid for this academic year? Yes No
   If yes, have you accepted and received 100% of your current semester’s financial aid, including student loans? Yes No
   If yes, did you receive a financial aid refund in the current semester? Yes No
   If yes, have you submitted a Cost of Attendance Adjustment Request? Yes No
   If yes, have you discussed your current need with Financial Aid? Yes No
2. Do you have a meal plan? Dining Dollars? (Please provide current balances.) Yes No
3. Are you currently employed? If yes, approximately how many hours per week?______ Yes No
   If no, are you seeking employment? Yes No
4. Are you currently receiving any public assistance to help meet your housing or food expenses? Yes No

SECTION C: STUDENT’S HOUSING INFORMATION
☐ Off Campus: Amount you pay in rent per month: _____________
☐ Residence Hall/Room Assignment: _____________________________

SECTION D: STUDENT’S REQUEST (Use additional page(s) as needed.)
Please describe your current situation/emergency need for food assistance / temporary housing.
If requesting temporary housing, please include dates to help determine best placement, if available, and with the understanding a temporary residence hall assignment is a double or triple occupancy room with a limit of up to 10 days.

(Application continues on reverse side)
SECTION E: STUDENT’S MONTHLY EXPENSE SUMMARY

Please describe your current monthly expenses for which you personally are responsible for paying, including any other details or changes in expenses or income:

- Rent ____________________________
- Renter’s Insurance_________________
- Electric __________________________
- Water ____________________________
- Cell Phone _________________________
- Cable/Internet _____________________
- Food ______________________________
- Clothing __________________________
- Hygiene __________________________
- Housewares/Cleaning Supplies:_______
- Health Insurance ___________________
- Medicine __________________________
- Vehicle Loan Payment_______________
- Vehicle Insurance__________________
- Parking ___________________________
- Gas ______________________________
- Public Transportation or Taxi/Uber/Lyft________
- Credit card(s)______________________
- Other Debt Repayment________________
- Other expenses – please explain______________

Next: Please read below and sign.

SECTION F: ACKNOWLEDGEMENTS / SIGNATURE

I declare that the information in this application is true, and I understand that additional food support or housing will be considered only after I have accepted and received all of the grants, scholarships and student loans offered to me. I understand that the program is to assist only the student applying, not other family members, and submission of an application is not a guarantee of approval.

I understand that the Financial Aid, Student Affairs, Card Services and Housing Offices may review current meal and housing plans, monitor the use of additional meals/housing support, and may require additional documentation as part of the review.

Student’s Signature:__________________________ Date: ________________

Return this form to Office of the Dean of Students, Stern Center 3rd floor or to Mike Antoine at antoinemp@cofc.edu

Dean of Students Case/Review:______________ Housing Office Review:____________________________
Financial Aid Confirmation:_______________ Cougar Card Services Confirmation:_______________