

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 circle all that apply)	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 reverse side 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.

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 antoinep@cofc.edu

Dean of Students Case/Review: _____ **Housing Office Review:** _____
Financial Aid Confirmation: _____ **Cougar Card Services Confirmation:** _____